MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6	R	5	Q
U	U	11	4

DATE REC'D BY LOCAL PEGISTRAR 1955

. 6653 CERTIFICATI	E OF DEATH Reg. Dis	t. No. 131
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Frederick MARYLAND	STATE Maryland COUNTY Frede	ni ok
COUNTY Frederick MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CHALLE outside corporate iimits, write RURAL	
OR and give nearest town) (in this place) X Frederick 1 Day	OR TOWN Frederick-Rural-R.D.#6	
HOSPITAL OR	STREET (If rural give location	
O STREET ADDRESS Frederick Co. Chronic Hospita.	Reich's Ford Radd	,
DECEASED:	OF.	(Day) (Year)
RACE: WIDOWED, DIVORCES,	OF BIRTH: 9. AGE last birthday IF UNDER	
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if rewitted TRED FARMER Owner	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	00.1
Unknown	Unknown	
S. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates NO 223-36-5326	Lewis W. Aylor, Frederick, R.F.	D.#6,Md.
18. MEDICAL CERTIFICAT	TION	INTERVAL BETWEE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	- 2	ONSET AND DEAT
420 (A) Commenter (A)	my Desembors	This
ANTECEDENT CAUSE (S)	my Krombosis my scarditis	*
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DISEASES OR CONDITIONS, IF ANY,	c myscaraies	0 9004
STATING UNDERLYING CAUSE LAST.	Solervais	5/120 4
	Sclerven	10/
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19a. MAJOR FINDINGS OF OPERATION	N	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		nty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	2 . 1955 . to 2 . 1955 that I las	t saw the decease
alive on 756, and that death occurred at	1:15AM, from the causes and on the date	
0 60	D. Frederick, Maryland	/2/1955
	ERY OR CREMATORY LOCATION (City, town,	or county) (Stat
REMOVAL (SPECIFY) Tolar 1. TOEE Wallcome Char	nol Cometens Omange Vi	rainia

24. FUNERAL DIRECTOR

M. R. Etchison & Son, Frederick, Maryland

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARGIN RESERVED FOR BINDING



BUREAU V. S

10cc 4 700

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baitimore

06630

6659

CERTIFICATE OF DEATH

Reg. Dist. No. 144

Male White (Specify) Widowed Mar. 9, 1870 85 yrs. Months Days Hour Goal Usual Occupation (Give kind of work done during most of working life, even if retired) Retired Farmer Own Farm Maryland 14. Mother's Maiden Name John Henry Baer Annie Sophia Ramsburg	
CITY (If outside corporate limits, write RURAL and give nearest town OR give nearest town) YOWN Lewistown HOSPITAL OR INSTITUTION OR STREET ADDRESS 3. NAME OF DECEASED (Type or Print) SEX 6. COLOR OR RACE WIDOWED, DIVORCED (Specify) WIDOWED, DIVORCED (Specify) WIDOWED (Specify) WIDOWED (Received) Related for retired) 10a. USUAL OCCUPATION (Give kind of work done during most of working like even if retired) NAME OF DECEASED (Specify) WIDOWED (Specify) WI	
3. NAME OF DECEASED (First) (Middle) (Last) 4. DATE (Month) (Day) DECEASED (Type or Print) JACOB HENRY BAER DEATH	n) ×
Type or Print) JACOB HENRY S. SEX 6. COLOR OR RACE Widoweb, Divorced (Specify) Widoweb White Widoweb, Divorced (Specify) Widoweb Widoweb, Divorced (Specify) Widoweb War.9. 1870 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer 10b. Kind of Business or II. Birthplace (State or foreign country) Retired Farmer Maryland 14. Mother's Maiden Name John Henry Baer Annie Sophia Ramsburg	1
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Netired Farmer 10b. Kind of Business or II. BIRTHPLACE (State or foreign country) Maryland Maryland 14. MOTHER'S MAIDEN NAME John Henry Baer 14. MOTHER'S MAIDEN NAME Annie Sophia Ramsburg	(Year) 19 5 5
done during most of working life, even if retired) INDUSTRY FARM Maryland U.S.A. 13. FATHER'S NAME John Henry Baer Annie Sophia Ramsburg	er 24 bra Min.
John Henry Baer Annie Sophia Ramsburg	WHAT
15. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service) 16. Social Security No. 17. INFORMANT Ray Baer, Lewistown, Md.	
18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 18. MEDICAL CERTIFICATION INTERVAL F ONSET AND Immediate cause (a)	
Immediate cause (a) Acute Pulmonary Oedema Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	u h deskuladare dangan den es at gant
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalzed Authorizellums	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTO. Yes []	No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.) INJURY (COUNTY) (STAT	E)
TIME (Montb) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? OF While at Not While Not Work At work	
22. I hereby certify that I attended the deceased from Any 2, 19.54, to July 1, 19.55, that I last saw the deceased from Any 2, 19.54, to July 1, 19.55, that I last saw the deceased from Any 2, 19.54, to July 1, 19.55, that I last saw the deceased from Any 2, 19.54, to July 1, 19.55, that I last saw the deceased from Any 2, 19.54, to July 1, 19.55, that I last saw the deceased from Any 2, 19.54, to July 1, 19.55, that I last saw the deceased from Any 2, 19.54, to July 1, 19.55, that I last saw the deceased from Any 2, 19.54, to July 1, 19.55, that I last saw the deceased from Any 2, 19.54, to July 1, 19.55, that I last saw the deceased from Any 2, 19.54, to July 1, 19.55, that I last saw the deceased from Any 2, 19.54, to July 1, 19.55, that I last saw the deceased from Any 2, 19.54, to July 1, 19.55, that I last saw the deceased from Any 2, 19.54, to July 1, 19.55, that I last saw the deceased from Any 2, 19.55, that I last saw	GNED
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (S REBULL (Specify) July 4.1955 Utica Cemetry Utica Fred.Co. Md. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRES	tate)
Tily 4, 1955 Blanches Eyler M. L. Creager & Son, Thurmont, Mo	1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15

DECENTED

1922

BUREAU V. S.

Interval Between Onset And Death

(STATE)

USA

COUNTY Monroe

(Year)

19 55

Hours

112. CITIZEN OF WHAT COUNTRY?

(Day)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

(Specify)

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY ? Yes No

PLACE (Home, farm, factory, street, office bldg., etc.) SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY

INJURY OCCURED While at Not While Work | At Work |

office bldg., etc.)

(Degree or title)

HOW DID INJURY OCCUR?

(CITY OR TOWN)

June 8, 19 5 2, to 1955, that I last saw the deceased A.m., from the eauses and on the date stated above. 1955, and that death occurred at DATE SIGNED ADDRESS

REMOVAL, (Specify)
Removal

NAME OF Holv Sepulchre Cemetery LOCATION (City, town, or county) Rochester, New York

(COUNTY)

DATE REC'D BY LOCAL REGISTRAR 95

22. I hereby certify that I attended the deceased from .

FUNERAL DIRECTOR

ADDRESS E. Cline & Son - 8 East Patrick Street

Frederick, Maryland

MARGIN RESERVED FOR BINDING WITH important. especially AI PL WRIT SE 国

21. ACCIDENT

alive on

SIGNATURE

And the control of th Design to the same THE THE PROPERTY OF THE PARTY O BUREAU V. S. SSEL II JUL Not not included in the Control of t at the following the state of t

correct

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

18 06632

6627 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	Frederic
COUNTY Frederick MARYLAND	STATE COUN'	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)	CITY (If outside corporate limits, write RURAL an	d give nearest town)
// Frederick 18 this place)	Brynswick	35
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital	STREET ADDRESS 919 East B	1
3. NAME OF DECEASED: (First) (Middle)	(Last) 4. DATE (Month) (Day)	
(Type or Print) (1) COMO (1) SINGLE, MARRIED. 18 DATE	aker DEATH: Kling 9	19_5-5
Female White 7-8-	1890 9. AGE last birthday: It under 1 YE 1890 yrs. Months Da	
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if workin	R 11. BIRTHPLACE (State or foreign country): 12. C	UNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Crist Kimmel	Henretta Kline	
15 Was Dropagen Fund In II C Anapp Foreign 21 16 Cours Securing May 1 18	. INFORMANT & ADDRESS:	
Yes, no, or unk.) (If Yes, give war or dates of service)	E.L.Baker, Brunswick, Maryland	
18. MEDICAL CERTIFICAT	10N	Interval Between
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		O And Do
420.0 Immediate cause (a) Ineurym 1	(Cents. (aldominal) Regular	1 day
DUE TO	. , , , ,	
Antecedent causes (s) Diseases or conditions, if any, (b)	(Gerta (aldonizd) Reyture cleratic Heart Deseare	16 me
giving rise to the above cause stating the underlying cause last.	A STATE OF THE STA	
(c) Orterio	chanes.	
1. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death,		
9a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
- Take O		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, stree OF office bldg., etc.) INJURY	t, (CITY OR TOWN) (COUNTY) (S	rate)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY Mork At Work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 2	8,1955, to July 9, 1955, that I last s	aw the deceased
0 1 0 -	115000	
alive on July 9 , 19 J, and that death occurred at 7	, from the causes and on the date s	re signed
M. U. Joers (h)	Treducis had 7/	9/55
	CRY OR CREMATORY LOCATION (City, town, or cou	htyj (State)
Runiol 7-T2-55 Park Helg		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	C.H.Feete and Bro.Brunswick	ADDRESS Maryland
Inly 0 55 Plantett 4. TTOUR	VI H MACTO BYA KYA KYIIIISWICE	A PERSONAL PROPERTY AND A PERS

VS. A15
PLEASE WRITE PLAINLY, WITH

OPRILITARY -- Delivery - Paragraph of the same D Table 1 B. M. Politage, September of the Philadelphia BUREAU V. S. SSET ST TOT Element out the state ... mil 7/ ... Thus my

6660

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No..... 1. PLACE OF DEATH derick 2. USUAL RESUPENCE (HOME) OF DECEASED CO COUNTY Frederick MARYLAND of information carefully death clearly and legibly. CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and | LENGTH OF STAY OR TOWN give Rura'In Brunswick 30in THERIES OR Rural, Brunswick HOSPITAL OR INSTITUTION OR STREET ADDRESS STREET Along C and O Canal Along C and O Canal 3. NAME OF (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED (Type or Print) 6 Europe DEATH 7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last birthday | If under 1 year | If under 24 hrs. Months | Days | Hours | Min. 10a. USUAL OCCUPATION (Give kind of work 14. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT done during most of working life, even if retired) None Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAMERNEST Linwood Banks Sadie Avy Cannon 17. INFORMANT AND ADDRESS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? I 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of Mrs.Sadie Banks Gilbert.Brunswick 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH INK. Immediate cause NFADING I Physicians: Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not WITH UI related to the disease or condition causing death 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY1 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) PRIMARY OR CONTRIBUTING CAUSE OF DEATH. office bldg., etc.) INJURY PLAINLY s especially TIME (Month) (Day) (Year) (Hour) While at Not while INJURY work at work 22. I certify that I took charge of the remains described above, held an Autopsy ... Inspection I Inquiry the thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes of accident , suicide , homicide , undetermined . SIGNATURE DATE SIGNED 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, oz/county) (State) REMOVAL (Speelfy)
Burial Brunswick. Maryland Park Heights DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE C. H. Feete and Bro Brunswick Md. alleryn

Supply every item write the causes of

3



CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 13.

I. PLACE OF DEATH- COUNTY FIELEN MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Fred
CITY (If dutaide corporate limits, write RURAL and LENGTH OF STAY (If on this place)	CITY (If outside corporate limits, write RURAL and give	e nearest town)
11 TREN - reserve	TOTAL Trederich	
HOSPITAL OR INSTITUTION OR 90 CARVER APTS	STREET (If rural, give location) ADDRESS 90 CALUET AL	ots 1
3. NAME OF (First) (Middle)	(Last) 4. DATE (Mogth)	(Day) (Year)
(Type or Print) Char. T. Bacton	DEATH July	17 1914
6. COLOBOR RACE 7. SAUCLE, MARRIED WILDWED, BAYONCED (Specify)	8. DATE OF BIRTH 9. AGE last birthday Il funder Months yrs.	
10s. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or done during most of working life, even if retired) INDUSTRY	11. BIR HPLACE (State or foreign country) 12	COUNTY WHAT
- JANITOC		COUNTRY?
13. FATHER'S NAME D. +	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	TLORENCE MATTIS	
(Yes, no, or unknown) (If yes, give war or dates of	MACH E AND ADDRESS	1+
710	RIFICATION 90 CAPU	EL HDIZ
18. MEDICAL CE	REIPICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1.	ONSET AND DEATH
Immediate cause (a) Coronary	occlusion	newflitte
Antecedent cause(s) Diseases or conditions, if any, (b)		
giving rise to the above cause stating the underlying cause last	7 8 90 ° 1 8 9 ° 1 ° 1 ° 1 8 9 8 9 8 9 9 ° 1 ° 1 ° 1 ° 1 ° 1 ° 1 ° 1 ° 1 ° 1	
(c)		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
0		Yes No 3
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, PRIMARY or CONTRIBUTING OF office bldg, etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
CAUSE OF DEATH. INJURY	freduit freduit	4 Male
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while	HOW DID INJURY OCCUR?	1
INJURY m. work at work		
22. I certify that I took charge of the remains described above, held an A	Autopsy []. Inspection . Inquiry thereon and	from the evidence
obtained by said Autopsy, Inspection or Inquiry, find that said dece	ased died on the dry stated above, and death in my	opinion resulted
from: natural causes accident , suicide , homicide ,	ADDRESS	DATE SIGNED
N. I. I. B.	7-1 1 10 000	7/100/100
- Worder	Frederick, M.	11/1/1/25
23. BURIAL, GREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or count	(State)
BOFIAL 17-20-33 37, 11AF		d.Co. Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1944 1955 Chashelly 4 +1016.	ICHAPLES E. HICKS Tre	d, Co, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

MECENAED AND SOLUTION SOLUTION

BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06635

Item 21 Film G185 8-19-55 ams

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: Frederick County Frederick, Frederick, Maryland City or Camp Detrick, Frederick, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Nospital, inslitution, or street address where death occurred: Bldgs T-112, Camp Detrick, Frederick, Mds. Now long to hospital or institution? 3. (a) FULL NAME BAXTER, Sgt. Charles W. RA 39151634	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn lufants give residence of mother) California State County Los Angeles City or Long Beach (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) Service man—active duty 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single_merried, Enternal, or divorced	MEDICAL CERTIFICATION
male white divorced	21 July 1955 0900
6.(6) Name of husband or wifeunknown	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 15 June 19.55 to 21 July 19.55
7. Birth date of 9 April 1909	and that I last saw h im alive oo 15 July 19 55
deceased (mo., day, yr.)	Immediate cause of death DURATION Acute cerebral edema
9. Strinplace Orange, Texas (Town, county, and state) 10. Usual occupation Soldier	Due to. Toxy cology/stydyes/in/progress Chronic & acute alcoholism Due to.
12. Name deceased Charles W. Baxter 13. Birthplace	Other conditions Acute alcoholism
14. Maiden name deceased Alva Perez	322 (Include pregnancy within 8 months of death) Major findings of operations.
16. Informant Same as item #1	Autopsy results. Cerebral edema acute—not complete PHYSICIAN: Please underline the cause to which death should be charged statistically.
Removal (Rapids, remation, or removal, Market) Commetery or crematory Evergreen Cemetery Address Date thereof 23 July 1955 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill is the tollowing; Accident, suicide, or homicide
tocation Orange, Texas	Injured at home, farm, industry, public place (where?)
18. Funerat director. M. R. Etchison and Son Address Frederick, Maryland 19. 22 July 1956 auspir Maryland	23. SIGNATURE ROBERT E. BRYAN, Capt. M. Moor other ROBERT E. BRYAN, Capt. M. Moor other ROST, Surgeon Cp. Detrick, M. Moor 22, Jul 55.

UNFADING INK. Supply every item of information carefully. The MARGIN RESERVED FOR BINDING WRITE PLAINLY, WITH UNF is especially important.

rect age

VS A15

PLEASE

HILAM TO TASHTHATH STATE SHAPPING

BYANG TO STADISTICS

BOTAL STREET LABOUR

BUREAU V. S.

107 52 702

DECENTED

If under 1 year | If under 24 hrs. Months. | Days | Hours | Min.

INTERVAL BETWEEN ONSET AND DEATH

No 🗆

(Year)

1953

WHAT

MARYLAND STATE DEPARTMENT OF HEALTH

.666.2

2411 N. Charles Street, Baltimore

CERTIFI	ICATE OF DE	EATH	Reg. Dist. No. 131
Item 9. FilmG184 7-29-55 et			2008
1. PLACE OF DEATH- COUNTY Frederick County Chronic Clinic MARYLA	STATE	DENCE (HOME) OF DE	- COUNTY
CTT (If outside corporate limits, write RURAL and CENGTH (in this	OF STAY CITY (If outside	de corporate limits, write	RURAL and give nearest town)
HOSPITAL OR INSTITUTION OR Frederick Co. Chrones	STREET ADDRESS 3	(If rural,	give location)
3. NAME OF (First) (Middle) DECEASED (Type or Print) Florence E//2	(Last) B/2/2	4. DATE OF DEATH	(Month) (Day) (Year 7 22 193
5. SEX 6. COLOR OR RACE 7. SENGLE, MARR WILDOWED, DAY (Specify)	RIED, 8. DATE OF BIR	TH 9. AGE last bir	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY		E (State or foreign country	
13. FATHER'S NAME	14. MOTHER'S N	MAIDEN NAME	00.00.
Nohn Pendlaton	Laura	Brown	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	17. INFORMANT	PendLeton	V
10 MT	DICAL CEDMINICATION		1-
J. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA	TH		INTERVAL BETWEE ONSET AND DEAT
170X CIRCIMO	na lorons	1	= hells
Immediate cause (a)	of the	 	· in a second
Antecedent cause(s) General	used Carci	noma	1 War
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	gs and abdu	unal perito	nem
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.)	19 00 00 00 00 00 00 00 00 00 00 00 00 00	** ***********************************
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
			Yes No [
21. ACCIDENT (Specify) PLACE (Home, farm, factor OF office hldg., etc.) INJURY	ory, street, (CI	TY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURR) OF INJURY Mile at Not Work At w		URY OCCUR?	
22. I hereby certify that I attended the deceased from alive on 1964 21, 19.55, and that death occu	7 4 /	1	that I last saw the deceased on the date stated above.
SIGNATURE (Degree or ti		Daisk MA-1	DATE SIGNED
	my July	well Illa	AN 40 65, 1/35
BUTTAL (Specify) 7-25-55 FAIT	CEMETERY OR GREMATO	Frede	y, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL D	- 11	ADDRESS

Supply every item of information carefully. write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING UNFADING INK. PLEASE WRITE PLAINLY, WITH U is especially important.

The correct age

VS. A15

BUREAU V. S.

THE SE 1955

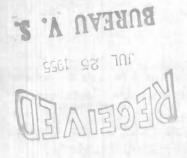
MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06637

bb29 CERTIFICAT	YE OF DEATH Reg. Dist. No. 131
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Frederick MARYLAND	STATE Virginia COUNTY Loudoun
CITY (If outside corporate limits, write RURAL and give nearest town) // Term Frederick LENGTH OF STA	OR Lovettsville 83 x 3
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital	STREET (If rural give location) ADDRESS
(Type of Time)	(Last) 4. DATE (Month) (Day) (Year) MHALL OF July 22, 19
RACE: WHO WED DIVIDE FIT	uly 1955 9. AGE last birthday 15 UNDER 1 YEAR 16 UNDER 24 Wonths Days 3 3
work done during most of working life. even if retired): Infant	Maryland USA 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF W COUNTRY?
13. FATHER'S NAME: Millard Bramhall	Mae Hawkins
15. WAS DECEASED EVER IN U.S. ARMED FORCEST (Yes, no, or unk.) (If Yes, give war or dates of service) None	Millard Bramhall, Lovettsville, Va.
IMMEDIATE CAUSE ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	wheating Fortals' From bo
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATI	ON 20 AUTOPS
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, for contributing Cause of Death (IF either, notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURR While Not while at work at work	g., etc. INJURY OCCUR?
22. I hereby certify that I attended the deceased from 2? alive on 2	ADDRESS M. D. Frederick, Maryland ADDRESS Maryland County Location (City, town, or county) (South Experiment of the date stated above. DATE SIGNED 22 July 1955
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	M. R. Etchison & Son, Frederick, Maryla



PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARYLAND	STATE	DEPARTMENT	oF	HEALTH—BALTIMORE,	18	06638

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CERTIFICATE OF DEATH

Reg Dist No 139

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
	Manufand Anna Amundal County
COUNTY Frederick MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	
OR and give nearest town) Y TOWN Cullen (in this place) 150 days.	OR TOWN Edgewater P.O., Woodland Beach
HOSPITAL OR INSTITUTION OR Victor Cullen State Hospital	STREET (If rural give location) 02 X -2
S. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Edward Emmott	Burton DEATH: July 14, 19 55
RACE: WIDOWED DIVORCED	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR HOURS A Hours Min. 16, 1873 81 yrs. Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Printer 108. KIND OF BUSINESS OR INDUSTRY: Printer	District of Columbia 12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William E. Burton	Amelia Handy
IS, WAS DECEASED EVER IN U.S. ARMED FORCES? 10. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates of service)	Patient
18. MEDICAL CERTIFICAL I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	WIND DETWEET
~ 7 \	ONSET AND DEATH
IMMEDIATE CAUSE (A) Pulmonar	y Tuberculosis 9 months.
ANTECEDENT CAUSE (8)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
(c)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	ON 20. AUTOPSY?
0	YES NO X
21a. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, farm) CR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.	ctory. 21c. WHERE DID (City or town) (County) (State) ., etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work	D 21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Feb.	14, 1955, to July 14, 19 55 that I last saw the deceased
alive on July 14, 19 55, and that death occurred at	t5:30 AM, from the causes and on the date stated above.
SIGNATURE Ayar	ADDRESS DATE SIGNED July 14, 1955
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	TERY OR CREMATORY LOCATION (City, town, or county) (State)
DATE BEC'D BY LOCAL DECISTOR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REGISTRAR 7/14/55	W.W. Chambers, Riverdale, Md.



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BUREAU V. S.

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9	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	:
-	COUNTY Frederick MARYLAND	STATE Maryland COUNTY Frede	erick
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL ar	
	// Frederick 3 Weeks	PAINAMORE Frederick	3/0//2
	HOSPITAL OR INSTITUTION OR	STREET (If rural give location) ADDRESS	1
	STREET ADDRESS Three Pines Nursing Home	Pathiat/Adme/Of/Math1	and/
4.0	3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (D	ay) (Year)
	(Type or Print) JEAN MASON (COLLMUS DEATH: July	28, 1955
5	Female White 7. SINCLE, MARRIED, WIDOWED, DIFFERED. April 1	9. AGE last birthday Months Day 178.	Hours Min.
0	A. USUAL OCCUPATION (Give kind of working life. OR INDUSTRY:	II. BIRTHPLACE (State or foreign country): 12.	COUNTRY?
1 "	even if retiredousework Home 3. FATHER'S NAME:	Maryland	USA
	William E. Mason	Cornelia (last name unk	namn)
15	WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS: College P	
C	Yes, no, or unk.) (If Yes, give war or dates No None	Mr. A2B. Collmus, Frederick,	
1	18. MEDICAL CERTIFICAT	TON	INTERVAL BETWEEN
ľ	11-200	1.	ONSE! AND DEATH
	IMMEDIATE CAUSE (A) Amehi-	heumma	3 days
	ANTECEDENT CAUSE (S)	1 + >/ / / /	, /
(DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE DUE TO	cherone glear Duess	195
	STATING UNDERLYING CAUSE LAST. (C) Arteris	achines (Bunglinet)	
I	TO THE SIGNIFICANT CONDITIONS CONTRIBUTING	1	Several
	DISEASE OR CONDITION CAUSING DEATH. Jugalia	Arrears	years
1	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N	26. AUTOPSY7
			YES NO XX
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. (IF EITHER, NOTIFY MEDICAL EXAMINER) (State)			
	ID. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
6	22. I hereby certify that I attended the deceased from July	19. 1955, to July 28, 1955, that I last	saw the deceased
	alive on July 27, 19 55, and that death occurred at	7:30P.M, from the causes and on the date s	tated above.
	a.a. Vearre		/29/1955 (State)
9.1	a.a. Vearre	ERY OR CREMATORY LOCATION (City, town, or	county) (State)

BUREAU V. S.

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CERTIFICATE OF DEATH

eryland (If outside corp N Rural- EET RESS R. st) C L E OF BIRTH 7-1955	e or foreign country) Maryland NAME A Trant ADDRESS	(Day) (Year) (Day) (Year) 19 1 1
st) O L O GRAPH CONTROL OF BIRTH O THE CONTROL OF BIRTH O THE CONTROL OF BIRTH OF BI	Emmits, write RURAL and general limits, write RURAL and genera	(Day) (Year) (Day) (Year)) 19] If I year If under 24 hr Day Hours Min Day Hours Min Copyray Itaburg Md
st) O L O GRAPH CONTROL OF BIRTH O THE CONTROL OF BIRTH O THE CONTROL OF BIRTH OF BI	-Emmits write RURAL and g -Emmitsburg Dol (If rural, give location) A. DATE (Month) OF DEATH JULY 9. AGE last birthday If unde Month yrs. S e or foreign country) Maryland NAME Trant ADDRESS	(Day) (Year)) 195 If I year Hours Min. Days Hours Min. Country A
at) O L E OF BIRTH 7-1955 THPLACE (State Frier's MAIDE	4. DATE (Month) OF DEATH JULY 9. AGE last birthday If unde Magth yrs. 3 e or foreign country) Maryland EN NAME A Trant ADDRESS	19 Ti year II under 24 hri Bays Hours Min. 12. CITIZEN OF WHAT
at) O L E OF BIRTH 7-1955 THPLACE (State Frier's MAIDE	4. DATE (Month) OF DEATH JULY 9. AGE last birthday If unde Magth yrs. 3 e or foreign country) Maryland EN NAME A Trant ADDRESS	19 Ti year II under 24 hri Days Hours Min. 12. Citizen of What Country? A
ot) i of Burth 7-1955 THPLACE (State of Charles of Malding of Charles of C	4. DATE (Month) OF DEATH JULY 9. AGE last birthday If unde Mogath yrs. Maryland EN NAME A Trant ADDRESS	19 Ti year II under 24 hri Days Hours Min. 12. Citizen of What Country? A
of Birth 7-1955 THPLACE (State PILER'S MAIDE ORMANT AND	9. AGE last birthday II under March yrs. See or foreign country) Maryland NAME Trant ADDRESS	19 Ti year II under 24 hri Days Hours Min. 12. Citizen of What Country? A
e of Burth 7-1955 THPLACE (Succeeding of the Control of the Contro	9. AGE last birthday If unde Mogth yrs. Maryland EN NAME a Trant ADDRESS	I year If under 24 hri Days Hours Min. Hours Min. Hours Min. Hours Min. Hours Hours Min. Hours H
7-1955 THPLACE (State of the control	e or foreign country) Maryland NAME Trant ADDRESS	12. CITIZEN OF WHAT COUNTRY! LITER OF WHAT COUNTRY! A LITER OF WHAT COUNTRY! I LABURG MG
THPLACE (State of the control of the	e or foreign country) Maryland NAME A Trant ADDRESS	12. CITIZEN OF WHAT COUNTRY! LEBURG MO
ederick HIER'S MAIDE eraldin DRMANT AND	Meryland NAME Trent ADDRESS	itaburg, Md
eraldin	e Trent Address	itaburg, Md
eraldin	e Trent	INTERVAL BETWEEN
DRMANT AND	ADDRESS	INTERVAL BETWEEN
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ION	Emm	INTERVAL BETWEEN
ION		

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000 8 m * * * * * * * * * * * * * * * * * *		
		20. AUTOPSY?
		Yes X No 🗆
(CITY OF	R TOWN) (COUNT	200
	OCCUR?	
DID INJURY C	, Inquiry thereon and	from the evidence opinion resulted DATE SIGNED
y \$	ied on the day etc	ied on the day stated above, and death in my termined DRESS CREMATORY LOCATION (City, town, or cou

The correct age

BUREAU V. S.

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leg.	Dist.	No.	147

CERTIFICA	ATE OF DEATH Reg. Dis	st. No. /7/
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEAS	ED:
COUNTY Frederick MARYLAND	STATE Mary land COUNTY Fre	derick
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN RUYAL - Mt. Airy LENGTH OF (in this plant)	STAY CITY(If outside corporate limits, write RURAL OR TOWN RUVAL - Mt. Airy	and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location ADDRESS Beyond end of Plainview	
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Howard (None)	Davis 4. DATE (Month) OF DEATH: July	(Day) (Year)
	DATE OF BIRTH: 9. AGE last birthday IF UNDER	
Male Colored Specify Oc	etober 19, 1938 16 yrs. Months	Days Hours Min.
Work done during most of working life, even if retired): none	Maryland 12	COUNTRY?
13. FATHER'S NAME: Harry E. Davis	Lorraine Butler	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Mary Insley (Great Aunt)	Mt. Airy
18. MEDICAL CERTI I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN
	natic Heart Disease	7 years
ANTECEDENT CAUSE (S)	matic fever (not active)	9 44 22 4
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	mdf/c 7 ever (not active)	1 46013
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
		YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, fare OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office (IF EITHER, NOTIFY MEDICAL EXAMINER)		nty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCU OF INJURY M. 21E INJURY OCCU While Not whi at work at work	ile 📉	
22. I hereby certify that I attended the deceased from	1 arch , 1955, to July , 1955, that I las	st saw the deceased
alive on July 11 , 1955, and that death occurre	ed at/o A M, from the causes and on the date	e stated above.
WB Culwell	M.D. metairy med In	ely 30 1955
23. BURIAL, CREMATION, DATE THEREOF NAME OF C	EMETERY OF CREMATORY LOCATION (City, town,	or county) (State)

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MARGIN RESERVED FOR BINDING

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WRITE PLAINLY,

PLEASE TYPE OR

DATE REC'D BY LOCAL

Supply every item of information carefully. The

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BUREAU V. S.

TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF

218. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) OF INJURY street, office bldg., etc. INJURY OCCUR?

(County)

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21A. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

21E INJURY OCCURRED While Not while at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from alive on 28

. 1955, that I last saw the deceased 1955, and that death occurred at 4: P. M. from the causes and on the date stated above. ADDRESS

23. BURIAL, CREMATION REMOVAL (SPECIFY)

SIGNATURE

NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery

Frederick. Marvland

REGISTRAR

24. FUNERAL DIRECTOR

AI PI 国 WRIT K 0 国 0 TY SE PLEA

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16. SOCIAL SECURITY NO.

18. MEDICAL CERTIFICATION

None

DUE- TO

(C)

14. MOTHER'S MAIDEN NAME

Ann Robinson Bell

17. INFORMANT & ADDRESS: 202 West

Samuel F. Deterding, Frederick, Maryland

Reg. Dist. No. 131

(Day)

Months

(Year)

INTERVAL BETWEEN

COUNTRY?

AUTOPSY

(State)

LOCATION (Chy, town, or county)

BY LOCAL

M. R. Etchison & Son, Frederick, Maryland

BUREAU K. E.

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BECEINED

MARGIN RESERVED FOR BINDING

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Physicians:

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06644				
6633 CERTIFICATI				
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Frederick MARYLAND	STATE Maryland COUNTY Frede	rick		
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY If outside corporate limits, write RURAL an			
oR and give nearest town) Frederick (in this place) Years	Frederick	11		
HOSPITAL OR INSTITUTION OR GOVERNMENT ADDRESS Frederick Memorial Hospital	STREET (If rural give location) ADDRESS 522 Klineharts All	ey		
	(Last) 4. DATE (Month) (De	ny) (Year)		
	IXON DEATH: July 6,	19 55		
RACE: WIDOWED BIVORGED	OF BIRTH: 9. AGE last birthday IF UNDER 1 YE			
Male Colored (Specify): Single March	22, 1897 58 yrs. Months Da	ys Hours Min.		
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life, OR INDUSTRY:	II. BIRTHPLACE (State or foreign country): 12. C	ITIZEN OF WHAT		
even lf retired Laborer Unknown	Maryland	USA		
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
William Hixon	Dora Harmon			
18. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS: 522 Klineh	arts Alley,		
(Yes, no or unk.) (If Yes, give war or dates of service) NO 217-10-9268	Mrs. Bertie Goines, Frederick,	Maryland		
IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO DUE TO DUE TO DUE TO	e cardio vascular read design	6 m5.		
(c)				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N .	20. AUTOPSY?		
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING 2CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	(State)		
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While At work at work	21F. HOW DID INJURY OCCUR?			
alive on SIGNATURE M., 1955, and that death occurred at SIGNATURE 23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETI BURIAL (SPECIFY) July 9,1955 Fairview Cen	10:45 M, from the causes and on the date so ADDRESS DATION. I.D. Frederick, Maryland 7 ERY OR CREMATORY LOCATION (City, town, or metery Frederick, Maryland)	/8/1955 county) (State)		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 8 STUM 95-3 - Elizabeth & Hoch	M. R. Etchison & Son, Frederick	, Maryland		

DEALED

BUREAU V. E.

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MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND

6634

I. PLACE OF DEATH-COUNTY Frederick

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

131 Reg. Dist. No.

2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Fre derick

Maryland

The correct age MARGIN RESERVED FOR BINDING

Frederick	MARYLAND	mai y Laure		-10011011
CITY (If outside corporate limits, write RURA OR _ give oearest towo)	L and LENGTH OF STAY	OP	ste limits, write RURAL and give	nearest town)
// OR give oearest towo) Frederick	Year's place)	Town Frederi		
HOSPITAL OR INSTITUTION OR 373 W		STREET ADDRESS 272 W	(If rural, give location)	1
O STREET ADDRESS 1/3 West Pat	rick Street	1/3 We	st Patrick Street	
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) EVA	MAY	DIXON	DEATH JULY	
Female 6. COLOR OR RACE White	7. STREDE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH	444 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. Kind of Business on Restaurant	West Virgini	or foreign country) 12	CITIZEN OF WHAT
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	L-MILL BILL
William Shipe		Flora Cole		
15. WAS DECRASED EVER IN U.S. ARMED FORCES!		17. INFORMANT AND A		
(Yes, no, or unknown) (If yes, give war or dates of service)	Unknown	Russell L. Shi	pe, Brunswick, Ma:	ryland
1	18. MEDICAL CE	RTIFICATION		7
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Gun Shot Wound Lef	't Chest		5 Minutes ?
Immediate cause (a)			2000 2000 to 000 000 to 000 to 000 to 000 to 000 to 000 to 0000	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death				
19a. DATE OF OPERATION 19b. MAJOR F				Yes XX No
CAUSE OF DEATH. OF	CE (Home, farm, factory, street, office bldg., etc.) Home	Fre derick	Frederick	(STATE) Maryland
TIME (Month) (Day) (Year) (Hour) OF INJURY 7/15/55 8:30 PM ?m.	INJURY OCCURRED While at Not while work at work	How DID INJURY OF Homicide	CUR?	
22. 'I certify that I took charge of the remaind obtained by said Autopsy, Inspection or from: natural causes [] accident [] SIGNATURE	Inquiry, find that said dece	ased died on the day state	ed above, and death in my	DATE SIGNED
M. D. Deputy	Medical Examiner,	Frederick, Mar	yland 19 Ju	11y 1955
Burial (Specify) DATE THEREO	NAME OF CEMETE 1955 Reformed Cem	RY OR CREMATORY	COCATION (City, town, or couot Knoxville, Maryla)	y) (State)
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO		ADDRESS
19 July 1955 - Elizabette	us teck	M. R. Etchison	& Son, Frederick,	Maryland
0 0				

JUL 20 1955

BUREAU V. &

BUREAU V. S.

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DECENTED

131

1. PLACE OF DEATH:		2 HSHAL RESH	DENCE (HOME) OF DECEASE	Dist. No.
				77
county Frederick	MARYLAND		- V	OUNTY Frederic
CITY (If outside corporate limits, write FOR and give nearest town)	(in this place)	OR	ide corporate limits, write RURA	
X Near Frederick	25 years	TOWN Rou	te 5 - Nr. Freder	ick X
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rural give loca	ation)
STREET ADDRESS Emergency Hos	spital	Ga	mbrill Park Road	
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) NELLIE	M. ES	STABROOK	DEATH: July	14 19 55
5. SEX: S. COLOR OR 7. SINGLE		OF BIRTH:	9. AGE last birthday: IF UNDE	
Female White Specify	ED, DIVERSED, Widowed	1858	97 yrs. Months	Days Hours Min.
	0b. KIND OF BUSINESS OF		E (State or foreign country):	12. CITIZEN OF WHA
work done during most of working life	INDUSTRY:			USA
even if retired): Housewife 13. FATHER'S NAME:	Own Home	Lowa	IDEN NAME.	ODA
13. FAIRERS NAME:		14. MOTHERS MA	IDEN NAME.	
George Melling		Unb	worm	
15 WAS DECEASED EVER IN U.S. ARMED FORCES ! (Yes, no, or unk.) (If Yes, give war or dates of	16. SOCIAL SECURITY No.: 17.	INFORMANT & A	DDRESS:	
No service)	None Mr	s. Nellie M	. Winchester - Fre	derick Md
	18. MEDICAL CERTIFICATI		· WINCHEST OCT = 116	
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH			Interval Between
1120.0	Attania Cole	ralia he	outdis. W/	Onact And Dear
420.0 Immediate cause (a)	00000			
Antecedent causes (s)	ocurrenter	, Februar	alion and	•
Diseases or conditions, if any,	confestice	e saily	L 0	
giving rise to the above cause stating the underlying cause last. DUE T	0		4	
(a)				
11. OTHER SIGNIFICANT CONDITIONS	> A	0	· + P · · · ·	. 1 >
Conditions contributing to the death but no related to the disease or condition causing of	teath malign	aries &	ext tereast	
19a. DATE OF OPERATION: 19b. MAJOR			0	20. AUTOPSY
D				Yes No No
21. ACCIDENT (Specify) PLACE OF INJUR	(Home, farm, factory, street office bldg., etc.)	(CITY OR TO	WN) (COUNTY)	(STATE)
TiME (Month) (Day) (Year) (Hour)	INJURY OCCURED	I HOW DID INJU	RY OCCUR?	
OF	While at Not While	IN DID INGO		
		- 55	0	last arm the decorate
22. I hereby certify that I attended the	· ·		//	
		2:45 A.M., fr	om the causes and on the d	ate stated above.
CSGNATURE 2/ (VALUE)	Degree or title)	- 10 A	DDRESS	SQ. J. 16~
BURNEY CREWA	X X 84.10. ()	uniek	, ma	or county) (State)
23. BURIAL CREMATION, DATE THERE				.,
Burial July 16,1	955 Mount Olivet	Cemetery	Frederick,	Maryland
DATE REC'D BY LOCAL REGISTRAR'S				
15 July 1933 Clipabel	de J. Heck.	C. E. Clin	& Son - 8 East Pa	atrick Street
11 1			Frederic	k. Maryland

3. WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY,

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

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2411 N. Charles Street, Baltimore CERTIFICATE OF DEATH

Reg. Dist. No. 138

I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY FREDERICK MARYLAND	STATE // COUNTY	DERICK
	CITY (If outside corporate limits, write RURAL and give	
OR give nearest town) (in this place)	OR	d Heriest town)
1/ TOWN FREDERICK 3 days	TOWN NEW MARKET	/
HOSPITAL OR	STREET (If rural, give location)	1
GINSTITUTION OR FREDERICK MEMORIALHOS PITAL	ADDRESS	/
STREET ADDRESS/11 <111 41 11 61401/11 =1 [03] 1/4[
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) ELIZABETH CARSOY	FALCOHER DEATH, TULY	11 1955
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,		1 year If under 24 hrs.
COAALE WIDOWED, DIVORCED,	Erona-1674 CI Months	Days Hours Min.
FLIVINGE UV AT E (Specify) WARRIED -	STULD 2/ 10/7 0/ ym.	
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
done during most of working life, evon if retired) INDUSTRY 14 OM E	VIRGIUIA	COUNTRY
HOUSE WIFE 140ME		WSA
13. FAIRENS NAME	14. MOTHER'S MAIDEN NAME	
MICHEAL GOODMAIN	MARY NEW TOY	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) [(If yes, give war or dates of		
service) —	W.E.FALCOUER NEWMARK	ET MD
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN
		ONSET AND DEATH
420.1	a. 51	3/
Immediate cause (a)	9 (caema	of congra
(h		
Antecedent cause(s)	Eselano -	5dans
Diseases or conditions, if any, (b) giving rise to the above cause	The state of the s	2
stating the underlying ceuse lest		1
Y		1
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not		
related to the disease or condition causing death.		
198. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		20. 20101811
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	. TOWN DED THE PROPERTY OF THE PARTY OF THE	
OF ABUS OF MUIO	HOW DID INJURY OCCUR?	
OF INJURY m. While et Not While Work At work	HOW DID INJURY OCCUR!	
	HOW DID INJURY OCCUR?	
INJURY m. Work At work	1	the deceased
	7., 1955, to January 11, 1953, that I last s	aw the deceased
22. I hereby certify that I attended the deceased from	7., 1955 to January 11, 1953, that I last s	
22. I hereby certify that I attended the deceased from alive on	7., 1955 to January 11, 1953, that I last s	
22. I hereby certify that I attended the deceased from	7., 1955 to January 11, 1953, that I last s	
22. I hereby certify that I attended the deceased from alive on	7., 1955 to January 11, 1953, that I last s	ated above. DATE SIGNED
22. I hereby certify that I attended the deceased from level alive on signature (Degree or title)	7., 1955, to January 11, 1955, that I last so ADDRESS Fordered Md	ated above. DATE SIGNED
22. I hereby certify that I attended the deceased from land alive on signature. (Degree or title) 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	To Joseph	ated above. DATE SIGNED
22. I hereby certify that I attended the deceased from level alive on signature (Degree or title)	ADDRESS The from the causes and on the date stranger or CREMATORY LOCATION (City, town, or county)	ated above. DATE SIGNED
22. I hereby certify that I attended the deceased from land alive on signature. 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify)	To Joseph	ated above. DATE SIGNED (State) (State)
22. I hereby certify that I attended the deceased from land alive on land alive on the land attended the deceased from land at	The state of the s	ated above. DATE SIGNED (State) ADDRESS
22. I hereby certify that I attended the deceased from land alive on signature. 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify) DATE RECO BY LOCAL REGISTRAR'S SIGNATURE	The state of the s	ated above. DATE SIGNED (State) (State)

SECEDAED WAR

BUREAU V. S.

STADUL AND OUR ARRY DESIGNATION	THE CALL STATE OF	DATESTA 10	06648
MARYLAND STATE DEPARTMEN			- 141
6658 CERTIFICATI	E OF DEATH	Reg. Dis	t. No
I. PLACE OF DEATH:	2. USUAL RESIDENCE	(HOME) OF DECEASED:	
COUNTY Frederick MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY	STATE Maryla	ndCOUNTY Fred	erick
35 TOWN Brunswick (in this place) 70 years	II OR	swick	35
HOSPITAL OR INSTITUTION OR STREET ADDRESS 309 East Potomac	STREET ADDRESS 309 E	(If rural, give location ast Potomac	n) /
8. NAME OF (First) (Middle) DECEASED: (Type or Print) Annie Margaret F	(Last) 4.	A. 170	2 (Year) 19 55
Female White (Swelland) 8. DATE (Swelland) 2-19-	02 11-11-11	83 yrs. IF UNDER	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if rangels will have been the working life,	West Virgi	ate or foreign country):	U.S.A.
13. FATHER'S NAME: Lloyd Harper	Virginia		
	INFORMANT & ADDRE	ss. nswick, Maryla	nd
18. MEDICAL	CERTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DETH:	referoso	C	ONSET AND DEATH
Immediate eause (a) DUE TO Antecedent cause(s)	•	***************************************	
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last		***************************************	
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	EN .		7
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:			20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street	(CITY OR TOWN)	(COUNTY)	Yes No (STATE)
SUICIDE OF office bldg., etc.) ROMICIDE INJURY			
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY M. work \[\] at work \[\]	HOW DID INJURY O	CCORT	
22. I hereby certify that I attended the deceased from alive on alive on and that death occurred at	1	19, that I last the causes and on the da	saw the deceased ate stated above.
	RY OR CREMATORY	LOCATION (City, town, or	
REMOVAL (Specify): 7-5-1955 Park Hei	chts 24. FUNERAL DIRECT C.H. Feete	Brunswick, Moore and Bro. Bruns	aryland ADDRESS wick, Md.
July 7-55 Kalhryn N. Mown	/		

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BUREAU .V. S.

6667 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CEDUITATO A DEL CITA DEL MITT

Son Thurmont, Md.

CERTIFICAT.	E OF DEATH Reg. Dis	t. No. / 2.5c.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	ED:
COUNTY Frederick MARYLAND	STATEMO. COUNTY FT.	der tele
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY		
X TOWN Emmits burg. Md. Rural 12 yrs.	OR	ral X
HOSPITAL OR	STREET (If rural give location	
STREET ADDRESS	ADDRESS	2 = -
3. NAME OF (First) (Middle) DECEASED: VIOLE MOT		(Day) (Year)
(Type or Print)	DEATH: 7	31 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, RACE: WIDOWED, DIVORCED, 8. DATE	9. AGE last birthday Months Months	
Female White (Specify) Warried 5/25	5/76 79 yrs. Months	Days Hours Min.
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12	CITIZEN OF WHA
"Housewife Beautician	Frederick County Md.	Citizen US
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	GIGIZON ODI
Donald Dodahalam	Mahdadha Wilatala	
David Reightler 15. WAR DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Tobiatha Fleagle	
(Yes, no, or unk.) (If Yes, give war or dates		WA DED
1210-01-0700	Robert H.Fury Emmitsbur	g, Ma. RED
18. MEDICAL CERTIFICA I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO BEATH	01.0	ONSET AND DEATI
IMMEDIATE CAUSE (A) My	ocardial farling	8 hus.
ANTECEDENT CAUSE (8)		>
DISEASES OR CONDITIONS, IF ANY, (B)	a myocardetic	
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.		2
(C)	rosclerosis	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	0.0	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	chial asthum	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	ON .	20. AUTOPSY?
		YES NO TO
A A COLUMN TO A CO		
21A. ACCIDENT WAS UNDERLYING \(\) 21B. PLACE (Home, farm, fa OF CONTRIBUTING \(\) CAUSE OF DEATH OF INJURY street, office bldg (IF EITHER, NOTIFY MEDICAL EXAMINER)	ictory. 21c. WHERE DID (City or town) (Court, etc. INJURY OCCUR?	nty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE White Not white	D 21F. HOW DID INJURY OCCUR?	
OF INJURY M. White Not white at work at work		
22. I hereby certify that I attended the deceased from	. 2 1948 to 1. 0. 31 1955 that I lac	t saw the decease
• //		
alive on 3/, 19 3), and that death occurred a	t 8: 454 M, from the dauses and on the date	stated above.
91 200 11. 4-1		aug. 1 195
	TERY OR CREMATORY LOCATION (City, town,	
REMOVAL (SPECIFY)		^-
	Thurmont, Md.	ADDRESS
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE		urmont.Md.
Je 6/17 111.1 1 1112.11	The same of the sa	we morre a migra

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

eg Dist No. 139

06650

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED);
COUNTY Frederick MARYLAND	STATE Maryland COUNTY Bal	to. City
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cullen HOSPITAL OR HOSPITAL OR	CITY(If outside corporate limits, write RURAL a OR TOWN Baltimore STREET (If rural give location)	
OUSTREET ADDRESS Victor Cullen State Hospital	1329 Linden Avenue	V
	C C C	Day) (Year)
(Type or Print) Alchard L.	Goodrich DEATH: July	2 19 55
Male White Widowed, Divorced, (Specify): married	46 yrs.	ays Hours Min.
work done during most of working life, even if retired): Painter HousePainter		CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Lionel Goodrich	Harriet Story	
S. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service) W. W. I. 073-16-6037	Mrs. Mae J. Goodrich, Wife, S	ame address.
18. MEDICAL CERTIFICAT	rion	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
IMMEDIATE CAUSE (A) Pulmonary	Tuberculosis	22 years.
ANTECEDENT CAUSE (8)		
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO		•
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19a. MAJOR FINDINGS OF OPERATION	N .	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor Contributing Cause of Death (IF either, notify medical examiner) 21B. PLACE (Home, farm, factor factor) 21B. PLACE (Home, farm, factor) 21B.	tory. 21c. WHERE DID (City or town) (Count NJURY OCCUR?	y) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July.	24, 1953, to July 2, 19 55 that I last	saw the deceased
alive on July 2, 1955, and that death occurred at SIGNATURE	8:30 M, from the causes and on the date of M. ADDRESS DAT	stated above.
Mayor		
DEMOVAL (CORCLEY)	ery or crematory Location (City, town, or natomy, U.ofM. Balto, Md.	county) (State)
DATE REC'D BY LOCAL REGISTRAN'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

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BUREAU V. S.

1. PLACE OF DEATH:		2. USUAL RESIDEN	E (HOME) OF DECI	EASED:	
Frederick	MARYLAND	STATE Mary:		rederi	ck
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWNBrunswick		OR D	rporate limits, write	RURAL and	give nearest town)
HOSPITAL OR) Just	TOWN Bruns	(If rural, gi	ve location)	
STREET ADDRESS 515 Brunswick	Street	ADDRESS 515	Brunswick	Stree	t
DECEASED.	Middle)	(Last)	4. DATE (Mon	th) (Day)	
(Type or Print) Earl arlton-Ga		ems of birth:	DEATH: 7	- 4	1955
6. SEX: 6. COLOR OR 7. SINGLE. MAR WIDOWED, D ISAMPIEC	IVORCED	-1886-1885	69 yrs.	Months D	Days Hours Min.
work done during most of working life. 1N	IND OF BUSINESS OF		State or foreign coun		COUNTRY?
Retured onductor Bar	nd O.R.R.Co.				U.S.A.
13. FATHER'S NAME:		14. MOTHER'S MAID			
Thomas E.Grams	Comment No. 1 17	Addie Hat			
15. WAS DECEASED EVER IN U.S. ARMED FORCES 7 (Yes, no, or unk.) (If Yes. give war or dates of service)		s.Florence		Bruns	wick, Md.
I. DISEASES OR CONDITIONS DIRECTLY LEADIN	18. MEDICAL COST TO DEATH:	ertification y	Vas lon	-	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s)		<i>y</i>			/.
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	\$ = = = # # \$ 0 = = = # \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	**************************************			
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION: 19b. MAJOR FINDIN	GS OF OPERATION:				20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Hot	me, farm, factory, street,	: (CITY OR TOW	N) (COU	NTY) (Yes Ash STATE)
	e bldg., etc.)				
SUICIDE OF office					
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJU OF Whit		HOW DID INJURY	OCCUR?		
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OF INJURY M. Wor	eat Not while k at work	6 De 3	Cot Des	ot I lost s	aw the deceased
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJU OF Whiti INJURY M. Worl	eat Not while at work ceased from		7 , 19 %, the		aw the deceased
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) (NJURY OF M. White wor	eat Not while k at work	19.13, to	7 , 19 %, the		
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OF INJURY M. Word 22. I hereby certify that I attended the decalive on any trat	eat Not while at work ceased from death occurred at (DEGREE OR TOS.) NAME OF CEMETER LOCUST V	19.43, to	the auses and o	n the date	stated above.

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06652

CERTIFICATE OF DEATH

Reg. Dist. No.... I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY Frederick Maryland COUNTY Frederick MARYLAND STATE CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR and give nearest town) (in this place) OR Frederick Thurmont-Rural RD#1 HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS STREET ADDRESS Frederick Memorial Hospital Lewistown 3. NAME OF (Day) (Middle) (Last) 4. DATE (Month) (Year) (First) DECEASED: LAVINA KATHERINE GREEN Julv (Type or Print) DEATH: 5. SEX: S. COLOR OR 7. SINGSE, MARRIED, WIDOWED, DIVORCED 8. DATE OF BIRTH: 9. AGE jast birthday: IF UNDER 1 YEAR | IF UNDER 24 HRS. RACE: Hours Months Days (Specify): Female Sept Married 10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT work done during most of working life, INDUSTRY: COUNTRY? even if retired): House-Work Own Home Maryland USA 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Edward Powell Susan Holdcraft 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of service) George W. Green. RD#1. Thurmont. Maryland No None 18. MEDICAL CERTIFICATION Interval Between I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onset And Death 3 day Immediate cause (a) DUE TO Antecedent causes (s) Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last. DUE TO II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death 19b. MAJOR FINDINGS OF OPERATION Christing - Remeal 20. AUTOPSY ? carcinoma & Maluelin Yes No No ACCIDENT (STATE) PLACE (Home, farm, factory, street, (COUNTY) (Specify) SUICIDE OF office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) INJURY OCCURED (Hour) HOW DID INJURY OCCUR? While at Not While INJURY At Work Work [22. I hereby certify that I attended the deceased from 2 19 5 19 - 5, that I last saw the deceased , and that death occurred at alive on . from the causes and on the date stated above. SIGNATURE (Degree or title) DATE SIGNED M17-19 23. BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY DATE THEREOF LOCATION (City, town, or county) Burran (Specify) July 1955 Mount Olivet Cemetery DATE REC'D BY LOCALI REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR

M. R. Etchison & Son, Frederick, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	C HOUSE BEGINS	ICE (HOME) OF BECELO	
177	27 2	ICE (HOME) OF DECEASI	
COUNTY Frederick MARYLAND	STATE Maryl	COUNTY	
oR and give nearest town) Lander (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) Lander Since 6/1/54	OR _	orporate limits, write RURAL derick	and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenmerrie Nursing Home	STREET ADDRESS 501	(If rural give location Lee Place	1)
3. NAME OF (First) (Middle) (DECEASED: (Type or Print) NELLIE BETORIS GRE	Last) EN	4. DATE (Month) OF DEATH: July	(Day) (Year) 2, 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIEO, 8. DATE RACE: Widowed, Divorcing (Specify): Widow 11 June		75 yrs. Months	Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-work 10B. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (S	tate or foreign country): 12	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MA	DEN NAME:	
Andrew Haines	Mary Miller		
18. WAR DECEASED EVER IN U.S. ARMEO FORCES! (Yes, no, or unk.) (If Yes, give war or dates of service) None		Clay, Frederick	,
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) UE TO (C)	I Henry	- Munurous re ulcus	9
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	atro dy	the thigh	1 mo
TI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING PROTECTION TO THE DEATH BUT NOT RELATED TO THE	action day	the thigh	2418 1 my 20. AUTOPSY7 YES NOX
TI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	ory. 21c WHERE DI	thigh D (City or town) (Cou	YES NOXX
TI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	ory, 21c. WHERE DI etc. INJURY OCCUR	7	YES NOXX

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0070 CERTIFICATI	reg. Dist. No. 7 47d
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Frederick MARYLAND	STATE Md. COUNTY Frederick.
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give pearest town)	CITY(If outside corporate limits, write RURAL and give nearest town
X TOWN Je Jore Life	TOWN de fore X
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS
DECEASED:	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: July 22 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIÉD, WIDOWED, DIVORCED, (Specify).	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	12 / 892 63 yrs.
work done during most of working life. even if retired): Level Subber Cn. + Carendaria	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
O	ha P
IS, WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates	5. 10 · 1 Pai · · · · 1
no of aervice) 12/2.14-6849	Mr. Thereday & Trues, Legore, md.
18. MEDICAL CERTIFICAT	INTERVAL BETWEEN
420·1	1 Com / Los malessa
MMEDIATE CAUSE (A)	1 1 mills harming
ANTECEDENT CAUSE (S)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
(a) (c)	0 / /
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	aletus.
DISEASE OR CONDITION CAUSING DEATH.	N 20. AUTOPSY?
	YES NO
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	tory, 21c. WHERE DID (City or town) (County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	D 21F. HOW DID INJURY OCCUR?
OF INJURY While M. While at work at work	V-0 100 11-
22. I hereby certify that I attended the deceased from	, 1950 to 1950 that I last saw the decease
alive on 100, 190. and that death occurred at	Maron the causes and on the date stated above.
	1.0. from malf hily 14)
23. BURNAL CHEMATION, DATE THEREOF NAME OF CEMET	ERY OR CREMATORY LOCATION (City, 10 m) or churty) (State
Bhrial 7/24/55 Oak Hill	Jegore/ Md
PATE REC'D BY LOCAL REGISTRAR'S STONATURE	24. FUNERAL DIRECTOR ADDRESS
1/24/66- 0 10000	J.C. Barten Walkersmille, md.

BUREAU V. S.

1955 JUL 27 1955

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	6671 CERTIFICATE	E OF DEATH Reg. Dist	. No. /44
and legibly.	I. PLACE OF DEATH: COUNTY Frederick CITY (If outside corporate limits, write RURAL OR and give nearest town) Town Creagers town rural in this place) Town Creagers town rural yrs.	2. USUAL RESIDENCE (HOME.) OF DECEASE	erick
clearly a	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS	1
death cl	DECEASED: Ralph Harrison Gr	inder of July 2	(Year) 19 55
of	male white Specificant led Febru	ary 2/ 100p 5/ yrs.	Pays Hours Min.
causes	work done during most of working life, even if Adjudicator		COUNTRY? A.
te the	John Wesley Grinder	Eleanor Baker	
se write	(YHen or ank.) (If YengildarwahtesT of service IdarwahtesT	Mrs. Esther Grinder Cr	eagerstown
please	18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ion	INTERVAL BETWEEN
Physicians:	IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE OUE TO DUE TO	ma of right lung	8 mos.
important. P	STATING UNDERLYING CAUSE LAST. (C)	nic myocarditis	5 yrs.
	19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION Jan. 31 1955 Carcinoma of lowe	00 - 150	20. AUTOPSY?
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	ty) (State)
is esp	OF INJURY OCCURRED M. 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
correct age	SIGNATURE M. Franklin Birk	3:45 AM, from the causes and on the date	stated above.
00	23. BURIAL. CREMATION, DATE THEREOF NAME OF CEMETE BURIAL (SPECIFY) BURIAL July 25/955 Creagerst	own Cem. Creagerstown	
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR SULLY S' 1955 Blanche & Eyler	MI Geagn Han The	ADDRESS IN MORE TO

VS. A15-10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information ca.

ARGIN RESERVED FOR BINDING



BECEINED

Supply every item of information care

06656 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6672 CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Frederick MARYLAND	STATE Maryland COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL (in this place) TOWN Cullen CITY (If outside corporate limits, write RURAL (in this place) 13 days	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3701, 4
HOSPITAL OR OUTSTITUTION OR STREET ADDRESS Victor Cullen State Hospital	STREET (If rural give location) ADDRESS 9 West Lee Street,
DECEASED: (Type or Print) Emma May Ha	rksen 4. DATE (Month) (Day) (Year) OF DEATH: July 21 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced 5/27/1	9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRO. Months Days Hours Min.
OR INDUSTRY: even if retired): Housewife 10B. KIND OF BUSINESS OR INDUSTRY: Housewife	Maryland (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Frederick Eckarius	Anna ?
18. WAS DECEASED EVER IN U.S. ARMED FORCES: (Yes, no, or unk.) (If Yes, give war or dates of service) 19. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS: Emma May Harksen, 9 W. Lee St., Baltimore, P.
18. MEDICAL CERTIFICATI	ON INTERVAL BETWEEN ONSET AND DEATH
DUE TO	carcinoma of liver. Unknown.
ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	f head of Pancreas. Unknown.
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pulmonary T	uberculosis 4 months.
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from July 8	, 19.55 to July 21, 19.55, that I last saw the deceased
alive on July 21, 1955, and that death occurred at SIGNATURE	A.M. ADDRESS DATE SIGNED
	RY OR CREMATORY LOCATION (City, town, or county) (State)



396I 98 7NF



BUREAU V. S.

BECEINED

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	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	06658
	6639 CERTIFICATE OF DEATH Reg. Dist	1. No. 131
ibly.	1. PLACE OF DEATH:	D:
l legibl	COUNTY CO	and give nearest town)
y and	HOSPITAL OR J STREET (If rural give location)	X
clearly	GINSTITUTION OR JUNIOR MEM ANGELLE ADDRESS	/
causes of death c	3. NAME OF (First) (Middlet) (Last) 4. DATE (Month) (DECEASED: (Type or Print) William (Middlet) (Middlet) (DEATH: July	Day) (Year) 19 55
	5. SEX: / 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday ir unent	YEAR IF UNDER 24 HRS. Days Hours Min.
	10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired) 10A. USUAL OCCUPATION (Give kind of NATION OF BUSINESS 11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
the	13. FATHER'S NAME: Her shaw Margaret Tous	n
: please write	(Yes, no, or unk.) If Yes, give war or dates Of service) 10. Social Security No. 17. INPORMANT & ADDRESS: Was Deceased Ever in U.S. Armeo Forcest (Yes, no, or unk.) If Yes, give war or dates Of service)	Thurmat
	18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
	570.1	ONSET AND DEATH
sicians	ANTECEDENT CAUSE (S)	00293
Physic	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Infinitely of leminal ileum DUE TO	3 days.
4	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TOTAL TO	
important.	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	3 302.
imp	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
especially	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) (Coun OR CONTRIBUTING CAUSE OF DEATH OF INJURY atreet, office bldg., etc. INJURY OCCUR?	
	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour)	
e is	22. I hereby certify that I attended the deceased from July 6, 1953, to July 6, 1953, that I las	t saw the deceased
ct age	alive on July 6 , 195 , and that death occurred at 6A M, from the causes and on the date	
correct	Henry V. Chase M.D. 4 E. Church It	7/8/5-5 or (county) a (State)
CHE	22. BURIAL (SPECIFY) July 10-1955 W. B. Chematory Joration (City, town, 8	Freds to ms
F	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 965 - Elizabeth b. Heck Mayor Ban The	umo the



6640

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

06659

I DE LOT OF DE LOT							
I. PLACE OF DEATH.	2.	2. USUAL RESIDENCE (HOME) OF DECEASED.					
CITY (If nutside corporate limits, write RURAL and LENGTH OF		maryland Frederick					
OR give nearest town) Frederick 15 this pl		OP				e nearest town)	
HOSPITAL OR	les _	STREET (If rural, give location)					
19 INSTITUTION OR Frederick Memorial Hospit	al	STREET (If rural, give location) ADDRESS 6 West Second Street				1	
3. NAME OF (First) (Middle)		(Last)	(Day)	(Year)			
(Type or Print) HENRY WILLIAM		HERMAN	4. DATE OF DEATH	(Month) July	- 1	1955	
5. SEX 6. COLOR OR RACE 7. STROLE, MARRIE	D. 8.	DATE OF BIRTH		thday If under		under 24 bre	
Male White WIDOWED DIVOR (Specify) Marrie	Se Se	ept.23,1895	59	yrs. Months	Days H	lours Min.	
10a. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINE						OF WHAT	
done during most of working life, even if retired) NewSpaper		Maryland 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF COUNTRY US					
13. FATHER'S NAME	14	14. MOTHER'S MAIDEN NAME					
John G. Herman		Ella Ma	y Anthony	W. Secon	12 5		
16. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY (Yes, to, or unknown) (If yee, the war or dates of 527-05-4120		INFORMANT AND				, ,	
		rs. Agnes S.	nerman, r	rederick	, Ma.		
18. MEDIC	CAL CERTI	FICATION			INTERVA	L BETWEEN	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	I				ONSET	ONSET AND DEATH	
Limedials course (a) CORONARY OCCLU	ISTON				1 1 1	1 Hour	
Immediate cause (a) CORONART OCCLO	/D I O II	***************************************	********************	1 con: Nel-1000 NEL 1 DESCRIPTION NEL	-900 00 00 00 00 00		
Antecedent cause(s)							
Diseases or conditions, if any, (b)			Ми О полиција о грама о полиција и ос	. , . , . ,			
stating the underlying cause last							
(c)					1		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERAT	TION	411			1 20. AU	TOPSY1	
					Yes 🕅 No 🗆		
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory,	. street,	(CITY OR	TOWN)	(COUNTY)		ATE)	
PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.							
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while		HOW DID INJURY OCCUR?					
INJURY m. work at work							
22. I certify that I took charge of the remains described above, he	old an Auto	nou Y Inspection Y	Y Inquiry XX	thereon and	from the	evidence	
obtained by said Autopsy, Inspection or Inquiry, find that sa	rid decease	d died on the dry stat	ed above, and	death in my	opinion	resulted	
from: natural causes XX accident , suicide , homici	ide 📋, ur	ndetermined .		•			
SIGNATURE (Degree or title))	ADDRESS			DATE	SIGNED	
M. D. Deputy Medical E	Examine	r, Frederick,	Maryland	14	July	1955	
23. BURIAL CHRISTIAN DATE THEREOF NAME OF CEMETERY OF CREMATORY LOCATION (City town of county) (State)							
Buria (Firefly) July 17,1955 Mount Olivet Cemetery Frederick, Maryland							
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE		. FUNERAL DIRECT			ADDR		
16 ruly 1955 Elizabeth & tech	A. 1	M. R. Etchison	n & Son, Fr	rederick,	Mary	land	

CELVIED BERNING V. S.

VS. A15 — 10 - 53 PLEASE TYPE OR WRITE P

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6673 CERTIFICATE OF DEATH

RE, 18 (1666) Reg. Dist. No. 139

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:					
COUNTY Frederick MARYLAND	STATE Maryland county Allegany					
CITY (If outside corporate limits, write RURAL) LENGTH OF STA						
OR and give nearest town) (in this place)	TOWN Frostburg	02 1/ 0				
A CALLON		02-X-2				
HOSPITAL OR INSTITUTION OR THE ACTION OF THE	STREET (If rural give location	1)				
INSTITUTION OR Victor Cullen State Hospital	ADDRESS Route #1, Box 86	V				
3. NAME OF (First) (Middle)		(Day) (Year)				
DECEASED: James T.	Hitchins OF DEATH: July	15, 1955				
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DAT	E OF BIRTH: 9. AGE last birthday IF UNDER					
Male White (Specify): Married. Marc	h 12, 1885 70 yrs. Months	Days Hours Min.				
OA. USUAL OCCUPATION (Give kind of work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12	CITIZEN OF WHAT				
work done during most of working life, OR INDUSTRY:	Manufland .	_COUNTRY?				
even if retired) Coal Miner Coal Miner		U. S. A.				
James Hitchins	14. MOTHER'S MAIDEN NAME:					
James Hitchins	Mary A. Stevens					
S. WAS DECEASED EVER IN U.S. ARMED FORCES? 10. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:					
(Yes, no, or unk.) (If Yes, give war or dates of service) 213-05-7123	James T. Hitchins, Rt. #1, Box 86, Frostburg					
18. MEDICAL CERTIFICA	ATION	INTERVAL BETWEEN				
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						
002X	Unknown					
IMMEDIATE CAUSE (A) Pulmonar	Olikilowii					
ANTECEDENT CAUSE (S)						
DISEASES OR CONDITIONS, IF ANY, (B)						
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.						
(C)						
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.						
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATI	ON	20. AUTOPSY?				
		YES NO K				
PIA. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, for CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bld; if either, notify medical examiner)		nty) (State)				
In TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?					
OF INJURY While at work at work						
22. I hereby certify that I attended the deceased from Jul	y14, 19.55, to July 15, 19.55, that I las	st saw the deceased				
alive on July 15, and that death occurred at 8:00 M, from the causes and on the date stated above. SIGNATURE A.M. ADDRESS DATE SIGNED						
SIGNATURF	A.M. ADDRESS DA	ATE SIGNED				
TR/Klin	M. D. Cullen, Maryland July	y 18, 1955.				
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEME	TERY OR CREMATORY LOCATION (City, town,	or county) (State)				
Burial July 18,1985 Frostburg	Memorial Park, Frostburg, Mar					
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS				
REGISTRAR 7/18/55	M. L. Creager & Son, Thurmon	t, Maryland				



BUREAU V. S.

EVETERM

DATE REC'D BY LOCAL REGISTRAR 9 55

CERTIFICATE OF DEATH Reg. Dist. No. 131 2. USUAL RESIDENCE (HOME) OF DECEASED: legibly. 1. PLACE OF DEATH: STATE Maryland COUNTY Frederick Frederick MARYLAND (If outside corporate limits, write RURAL| LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give nearest town) and and give nearest town) (in this place) information TOME Frederick Months Lander (If rural give location) STREET clearly HOSPITAL OR ADDRESS INSTITUTION OR 207 East Second Street STREET ADDRESS Glen Merrie Nursing Home (First) (Middle) (Last) DATE (Month) (Day) (Year) 3. NAME OF death DECEASED: 10. CHARLES PHILIP July DEATH: (Type or Print) item 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER I YEAR 6. COLOR OR 17. SINGLE, MARRIED, IF UNDER 24 HRS WIDOWED, DIVORCED Months ! Married February 14, 1885 (Specify): every OA. USUAL OCCUPATION (Give kind of work done during most of working life, OR INDUSTRY: 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT COUNTRY? FOR BINDING even Retired Salesman Maryland Automobiles Supply 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: Elizabeth Keller P. Merhl Hiteshew 17. INFORMANT & ADDRESS: 255 Washington Street IS. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unk.) (If Yes, give war or dates of service) C. Philip Hiteshew, Jr., Frederick, Md. MARGIN RESERVED 18. MEDICAL CERTIFICATION INTERVAL BETWEEN ADING I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, WITH GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE AINLY DISEASE OR CONDITION CAUSING DEATH. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION: 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) (State) RITE OF INJURY street, office bldg., etc. OR CONTRIBUTING CAUSE OF DEATH INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) Not while OF INJURY at work at work OR 22. I hereby certify that I attended the deceased from 8 / 19 p., to 7 / 10 , 19 J, that I last saw the deceased 1955, and that death occurred at 12:30M, from the causes and on the date stated above. TYP Frederick, Maryland SE NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) 23. BURIAL, CARMATTON DATE THEREOF LEAS BENG AL (SPECIFY) July 13,1955 St. Johns Cemetery Frederick. Maryland

24. FUNERAL DIRECTOR

M. R. Etchison & Son, Frederick, Maryland

REGISTRAR'S SIGNATURE



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MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

Reg. Dist. No. 13 4

Emmitsburg,

1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTYFrederick legibly. COUNTY Frederick STATE Maryland MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR and give nearest town)
TOWN Emmit ship (in this place) TOWN Emmitsburg, Emmitsburg. and HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS STREET ADDRESS 207 West Main West Main clearly 3. NAME OF (Middle) 4. DATE (Month) (Day) (Year) (First) (Last) DECEASED: DEATH: July Robert Hoke Joseph (Type or Print) 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married Sept, 7, 1886 death 5. SEX: S. COLOR OR 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS. RACE: Months Days Hours Male White 12. CITIZEN OF 10a. USUAL OCCUPATION Give kind of work done during most of working life, 10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country): Jo COUNTRY? INDUSTRY: even if retired) Caretaker Emmitsburg, Md. U.S.A. Janitor causes 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Michael Hoke Laura Smith 17. INFORMANT & ADDRESS: 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 1 Fairfield.Pa (Yes, no, or unk.) (If Yes, give war or dates of No service) write 18. MEDICAL CERTIFICATION Interval Between I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onset And Death please Immediate cause Antecedent causes (s) Physicians: Diseases or conditions, if any, (b) .. giving rise to the above cause stating the underlying cause last. DUE TO 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. important. 20. AUTOPSY ? 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION Yes No 21. ACCIDENT SUICIDE (STATE) (CITY OR TOWN) (COUNTY) (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) especially (Hour) INJURY OCCURED HOW DID INJURY OCCUR? While at Not While At Work INJURY Work | 22. I hereby cottify that I attended the deceased from , that I last saw the deceased alive on and that death occurred at from the causes and on the date stated above. SIGNATURE DATE SIGNED 98 LOCATION (City, town, of county) NAME OF CEMETERY OR CREMATORY July, 8, 1955 St. Josephs Catholic (Specify) Emmitsburg. Maryland DATE REC'D BY LOCAL

BECEINEL

JUL 12 1955

BUREAU V. S.

6641

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

		Ľ	OK MEDICAL	LEARWILL	NERS	Re	g. Dist. 1	No	
1. PLACE OF DEATH- COUNTY Frederick MARYLAND				2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTYFrederick					
OR give nearest	orporate limits, write RUR. town) Frederick	AL and	LENGTH OF STAY	OR TOWN	Freder	ate limits, write RU rick	RAL and	give nearest tov	7n)
INSTITUTION OF	HOSPITAL OR INSTITUTION OR STREET ADDRESS 246 East Third Street				STREET (II rural, give location) ADDRESS 246 East Third Street				
3. NAME OF DECEASED (Type or Priot)	(Firet) EFFIE LU	CKET	(Middle) T HAUSER	(Last) HORINE		4. DATE OF DEATH	(Month) July	(Day) 31,	(Year) 1955
Female	6. COLOR OR RACE White	7. SIN WIDO	OWED BINGSOND, PRINCE DR. WILDOW	8. DATE OF 29 Jan 1		9. AGE last birthd	Month	er i year If un B Days Hou	
10a. USUAL OCCUP	ATION (Give kind of work working life, even if retired)	10b. I	CIND OF BUSINESS DE	Maryl		or foreign country)		COUNTRY?	F WHAT
13. FATHER'S NAM		1000		14. MOTHER					
Francis l				Amanda	Ausher	rman	Mary		
(Yes, no, or unknown)	VER IN U.S. ARMED FORCES (If yes, give war or dates of service)	219	-20-1233A			odress 5 3.			
Diseases or a giving rise to attain the u	conditions, if any, o the above cause inderlying cause last (c) CANT CONDITIONS ting to the death but not see or condition causing deat	2	" place	* des	ou	E .	4 n. 0 === 0.00 t mission of 0.00 tribute	2cy	9.
	RATION 19b. MAJOR F		GS OF OPERATION	7				20. AUTO	PSY?
21. EXTERNAL CA PRIMARY OR CO CAUSE OF DEATH	USE WAS PLATE OF INJU	-office	ne, farm, factory, street, hldgerete.)		(CITY OR	TOWN)	(COUNT	Yes [] (Y) (STA	NoXIX
	(Day) (Year) (Hour)		Y OCCURRED Not while at work	HOW DID	INJURY OC	CCURT			
obtained by sai from: natural SIGNATURE	took charge of the rema d Autopsy, Inspection or causes accident	Inqui , suic	ry, find that said dece ide [], homicide [], (Degree or title)	ascd died on the undetermined ADDRESS	he day stated in the control of the	ed above, and dec	th in m	DATE S	igned
23. BURIAL, GREM RHMQVAL (Spec Burial	(1y) 3 Aug 195	5	Lutheran Cen	metery		LOGATION (Sty. t Middle town		yland	State)
DATE REC'D BY	0.0	- 1	TURE LA	24. FUNERA M. R. E	tchiso	on & Son,	Fred	ADDRES	

M

PLEASE WIITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A

SECEINED

BUREAU V. S.

6678 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFI	CIA	TI	OF	TOTAL	TH
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OMITTOATI	deg. bist	1101
1. PLACE OF DEATH: COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASE STATE DAD. COUNTY Fre	D: Serik
OR and give nearest town) TOWN (If outside corporate limits, write RURAL (in this place) TOWN (in this place) Ho years	OR TOWN Middletown	X
HOSPITAL OR INSTITUTION OR OSTREET ADDRESS	STREET (If rural give location) ADDRESS	/
3. NAME OF (First) (Middle) DECEASED: (Type or Print) W: Iliam H.	OF	Day) (Year) 18 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1	Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, every if retired):	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
15. WAS DECEASED EVER N U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 2/6-22-938/	17. INFORMANT & ADDRESS: audien Con Middleton	n, md.
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN
1/2 - 1	Geclusion	Auddenly
ANTECEDENT CAUSE (S)		
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Arterio. Se	elerosis	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY7
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, etc. 21c. WHERE DID (City or town) (Coun	ty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	2 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July alive on July 17, 1955, and that death occurred at SIGNATURE	10:30PM, from the causes and on the date	
	ERY OR CHEMATORY LOCATION (City, town of	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 7-20-1955 Chically Here	Gladhill Co., Middle	Lun Ind.

VS. A15 -- 10 - 5

PLEASE TYPE

DECEINED.

BUREAU V. S.

correct

6677	MARYLAND	DEPARTMEN RTIFICATE			-BALTIMO	RE, 18	06665 No. 141	****
E OF DEATH	:				(HOME) OF DE			=
my Fre	denick	MADVI AND	QT A	TE MONTEL OF	ad commy	Emada:	and ale	

1. PLACE OF DEATH:		2. USUAL RESIDE	NCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Mary	land county Frede	rick
CITY (If outside corporate limits, write to OR and give nearest town) TOWN Petersville		CITY (If outside	corporate limits, write RURAL as	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	, , , , , , , , , , , , , , , , , , , ,	STREET ADDRESS	(If rural, give location	n)
3. NAME OF (First)	(Middle)	(Last)	14. DATE (Month) (D	ay) (Year)
DECEASED:		ones	OF DEATH: 7 I3	1955
Female 6. COLOR OR RACE: WIDO MET	WED. DIVORCED.	-1877	9. AGE last birthday: IF UNDER Months 78 yrs.	Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work done during most of working life, even HOUSE: WIIE	10b. KIND OF BUSINESS O INDUSTRY: HOMO	Virgin		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:		14. MOTHER'S MAI	IDEN NAME:	
Alfred Newto		Mary		
15. WAS DECEASED EVER IN U.S. ARMED FORCES 7 (Yes, no, or unk.) (If Yes, give war or dates of service) NO		Alfred Jone	os.Falls Church.	Va
*/		CERTIFICATION		INTERVAL BETWEEN
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (a) DUE TO (b) (c)	Cueloup f Elleranced	Cerbral C	g t 5 literer eluss	18 mo - 7
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but no related to the disease or condition causing				
19a. DATE OF OPERATION: 19b. MAJOR				20. AUTOPSY?
21. ACCIDENT (Specify) PLA SUICIDE OF HOMICIDE INJ	CE (Home, farm, factory, stree office bldg., etc.) URY			(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY M.		HOW DID INJUR		
22. I hereby certify that I attended				
signature albert	Soile WA	ADDRESS	fer son my	7/4/55
23. BURIAL, CREMATION DATE THERE REMOVAL (Specify): 7-15-55	Park Hei	ghts	Brunswick, Ma	ryland
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE B	C.H.Feete		ick Md



DAY COME, LANGERS

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	The
M)	PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply eyery item of information carefully. The
BINDING	Supply eyery
MARGIN RESERVED FOR BLADING	UNFADING INK.
ARGIN	WITH ant. Phys
M	E PLAINLY,
9	WRITI
S. A15 — 10 - 53	PLEASE TYPE OR

VS. A15-

CERTIFICATI	E OF DEATH Reg. Dist. No.	1410
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Jedente MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	OR O	ive nearest town
X TOWN Rural Wirekerwille 2 yrs.	TOWN Ladiesburg	×
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural five location)	/
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day)	(Year)
(Type or Print) ETTA MAR	KLINE DEATH: July 16	1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): (Specify):		Hours Min.
Work done during most of working life, even if retired):	if. BIRTHPLACE (State or foreign country): 12. CITI COU	NTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	J . At .
Edward L. Fogle	Laura Verginia Krevery	
(Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:	1. mel
18. MEDICAL CERTIFICAT	TION INTERIOR	ESVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	,	SET AND DEATH
MMEDIATE CAUSE (A) Dial	retes mel.	
ANTECEDENT CAUSE (S)	/	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	2,	
(c)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N 20	O. AUTOPSY?
0	YE	
21a. ACCIOENT WAS UNDERLYING 21b. PLACE (Home, farm, factor OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ttory. 21c. WHERE DID (City or town) (County), etc. INJURY OCCUR?	(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	1/2 . 19.61 to 7- 16 . 195'5 that I last say	v the deceased
alive on 7-/J, 19 5 and that death occurred at		ed above.
1/1/0-10	1. D. Merese Bridge	7-18-12
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	ERY OR CREMATORY LOCATION (Only, town, or count	nty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRADO	24. FUNERAL DIRECTOR AL	DDRESS
7/18/55 Z To Yourle	V. C. Barton, Wolkersvel	u, md

Agol IS JUL

BUREAU V. S.

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CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07742

Reg. Dist. No. 144 1. PLACE OF DEATH ederick 2. USUAL RESIDENCE (HOME) OF DECEASED STATE MATY TANC COUNTY Frederick MARYLAND CITY (If outside corporate limits, write RURAL and OR give neares Transmit ont rural (in 2 this blace) CITY (If outside corporate limits, write RURAL and give nearest town) Thurmont Rural TOWN HOSPITAL OR INSTITUTION OR STREET LAUTMONIC rural, give location) ADDRESS STREET ADDRESS (First) 4. DATE DECEASED JAMES KNOTT (Type or Print) DEATH 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 9. AGE last birthday III under 24 hra. If under I year male Months Days Hours | Min. (Specify) 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired) INDUSTRNONE COUNTRY .S.A. Maryland 14. MOTHER'S MAIDEN NAME 122 13. FATHER'S NAMEUY Knott Sweeney 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS hurmont, Md. (Yes, no, or unknown) | (If yes, give war or dates of mervice) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditiona contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, atreet, (CITY OR TOWN) (COUNTY) (STATE) PRIMARY | OR CONTRIBUTING CAUSE OF DEATH. OF office bldg / etc.) INJURY (Hour) INJURY OCCURRED TIME (Month) (Day) DID INJURY OCCUR? (Year) 10.27 While at Not while m, work at work INJURY 22. I certify that I took change of the remains described above, held an Autopsy [], Inspection I Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [] accident . suicide [], homicide [], undetermined []. SIGNATURE (Degree or title) ADDRESS DATE SIGNED 1995 Mt . Carmel Cemetery LOCATION (City, town, or equoty) (State) RHMQYAL 3Specify) Thurmont Md . DATE REC'D BY LOCAL ThurmontADDRESS Son

PECELVED ASS AUG 9 1955

6630

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. / 40

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
CITY (I MARYLAND	
OR give nearest tower (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CONTROL CONTR
HOSPITAL OR	STREET (If refat give location)
INSTITUTION OR STREET ADDRESS	ADDRESS 280 S. Seton St.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED	OF
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	DEATH 1900 1800
Male White WIDOWED, DIVORCED, (Specify) Single	Dec. 13, 1932 22 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) Md 12. CITIZEN OF WHAT
Labor Rubber Co.	Emmitsburg. Frederick Col U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles W. Knox	Dorothy Baumgardner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes. 30 unkpown) (If yes, give war or dates of 216-30-2930	17 ANFORMANT AND ADDRESS 280 S. SOLON St.
darwe) 1210 00 2000	Mes, W That Emmitsburg
18. MEDICAL CE	INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATE
Immediate cause (a) Electrotion	ne enterto
Antecedent cause(s) Diseases or conditions, if any, glving rise to the above cause stating the underlying cause last	
(e)	
11. OTHER SIGNIFICANT CONDITIONS Conditions enterlibuting to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No To
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, atreet, PRIMARY OR CONTRIBUTING OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
CAUSE OF DEATH. INJURY	Much Woodshore Frederick 1911.
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while	HOW DID INJURY OCCUR! Flering Nite with win
INJURY 7/30/55 m, work at work at	Which to but to see the
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece from: notural causes [] accident suicide [], homicide [],	osed died on the dry stated obove; and death in my opinion resulted
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
Or. W. Back Part Ned. Ex	· Frederick. 130/55
REMOVAL (Succify)	RY OR CREMATORY LOCATION (City, town, or county) (State) Cemetery Keysville, Maryland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR, ADDRESS
and 1=1955 H. F. Should	S. L. alleson Emmitsburg, Md.
Luther Powell 10	S. L. Allison

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. NIARGIN RESERVED FOR BINDING

correct age

BUREAU V. S.

AUG 8 1955

BECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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Supply every item of information

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MARGIN RESERVED FOR BINDING

UNFADING INK.

0031	CERTIFICAT	E OF DEAT	H Reg.	Dist. No. 131
I. PLACE OF DEATH:		2. USUAL RESIDE	NCE (HOME) OF DEC	P
COUNTY Frederick	MARYLAND	STATE MAD	· COUNTY	Frederick
(If outside cornorate limits write	RURAL LENGTH OF STAY		orporate limits, write RU	RAL and give nearest town
X TOWN Cural Middle to	in this place)	TOWN YOU	al midd	letron X
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	(If rural give lo	cation)
S. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) Bruce	Sheffer 1	Soogle	OF DEATH: 7	28 1955
S. SEX: 6. COLOR OR 7. SINGE RACE; WIDO Male white Specif	WED. DIVORGED.	21-1906	. AGE last birthday Mon	
	OB. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (S	,	COUNTRY
FATHER'S NAME:	1	14. MOTHER'S MA	IDEN NAME:	
Calvin P. Koral		Sally	m. She	fler
S. WAS DECEASED EVER IN U.S. ARMED FORCES		17. INFORMANT &	ADDRESS:	
Yes, no, or unk.) (If Yes, give war or dates of service)		me Davia	Krale, M.	deletown, m
7120	18. MEDICAL CERTIFICA	TION	1.	INTERVAL BETWEE
I DISEASES OR CONDITIONS DIRECTL			1	ONSET AND DEAT
420.1	a. del	maris 7	lesen lossi	1 des
IMMEDIATE CAUSE	(A) CACAGE G	ronary 1	www.	1009
ANTECEDENT CAUSE (S)	DUE TO	69.	1.	7
DISEASES OR CONDITIONS, IF ANY,	(B) Coronar	of artery	disease	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO	0		
	(C) ·			
OTHER SIGNIFICANT CONDITIONS				
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING				
	R FINDINGS OF OPERATIO	N		20. AUTOPSY1
0				YES NO
A COLDENT WAS UNDERLYING TO	218. PLACE (Home, farm, fac	atory 215 WHERE D	D (Clty or town)	(County) (State)
ALIA. ACCIDENT WAS UNDERLYING TO PROCEED THE CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)	OF INJURY street, office bldg.	., etc. INJURY OCCUR	?	(State)
ZID. TIME (Month) (Day) (Year) (Hour) DF INJURY M.	While Not while at work at work	D 21F. HOW DID IN	JURY OCCUR?	
22. I hereby certify that I attended	the deceased from 7/2	6 . 1954, to 7/	2 7 19 53, that	I last saw the decease
	nd that death occurred at			
alive on 19, 19, 19, a SIGNATURE	In that death occurred at	ADMA ESTS	- auses and on the	DATE SIGNED
Kenneth C. W	uncon.	y Middleto	wa mo.	7/30/55
23. BURIAL, CREMATION, DATE THER		TERY OR CREMATORY	LOCATION (City, to	own, or county) (State
Surial 7-31-1	1950 Kuther	an Cemeter	middle	Town, ma
DATE REC'D BY LOCAL REGISTRAF	S'S SIGNATURE	74. FUNERAL DE	RECTOR	ADDRESS

BUREAU V. S.

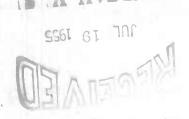
2361 & 2UA

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Balto. Md

DATE REC'D BY LOCAL

REGISTRAR 7



BUREAU V. S.

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

NIARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

I. PLACE OF DEAT COUNTY	Fredry	MARYLAND	STATE MT. US		COUNTY	Pa.
OR give nearest Near	orporate limita, write RUR. t town) r frederick	Land LENGTH OF STAY (in this place) MONTHS	OR TOWN Moun	ate limits, write RURA t Union	L and give	nearest town)
HOSPITAL OR INSTITUTION O STREET ADDRE	R Comment of the T	lant	STREET ADDRESS 132 We	(If rural, give to est Halley St		V
3. NAME OF	(First)	(Middle)	(Last)		onth) ((Day) (Year)
DECEASED (Type or Print)	CLEMENT	GEORGE	KROUSE	OF DEATH JU	ılv	28. 1955
s. sex Male	6. COLOR OR RACE White	7. STNOLS, MARRIED, WIDOWID MILES, MARRIED, (Specify) Married	8. DATE OF BIRTH Oct. 10, 1910	9. AGE last birthday		year If under 24 hrs Days Hours Min.
done during most of where a	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Trucking	Penna.	or foreign country)	12. US	CITIZEN OF WHAT
13. FATHER'S NAM	IE		14. MOTHER'S MAIDEN	NAME		
Wilson	S. Krouse		Caroline G	eir		
15. WAS DECRASED E (Yes, no log unknown)	VER IN U.S. ARMED FORCES (If yes, give war or dates of service)	1 16. SOCIAL SECURITY No. 201-10-9804	Mrs. Gretchen		Halle Union	y Street, Penna.
7		18. MEDICAL CE	ERTIFICATION			
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH				Interval Between Onset and Death
420	. 1	CM	10000000		The	. 1
Immediat	e cause (a)	Coloracy				and Co
Diseases or giving rise t	nf cause(s) conditions, if any, o the above cause	" Lesi	T design		and	ded to.
stating the t	inderlying cause last					
Conditions contribu	ICANT CONDITIONS uting to the death but not use or condition causing deat				i	
		INDINGS OF OPERATION			1	20. AUTOPSY?
0						Yes 🗆 No 🐿
21. EXTERNAL CA PRIMARY OR CO CAUSE OF DEATH	USE WAS OF OF	CE (Home, farm, factory, atreet, office bldg., etc.)	Man FARA		COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Nnt while work at work	HOW DID INJURY OF	CCURT		
obtained by sai	d Autopsy, Inspection of	ins described above, held an A Inquiry, find that said dece , suicide , homicide , (Degree or title)	eased died on the day stall	Inquiry of there ed above, and death	eon and fr in my of	om the evidence pinion resulted DATE SIGNED
23. BURIAL, CICEM	ATION DATE THERE	F NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, town	n/or county)	(Stata)
REMOVAL (Spec	ifu)	955 I.O.O.F. Ce		Mount Union,	/	
DATE REC'D BY			24. FUNERAL DIRECTO	OR		ADDRESS
29 mil 19:	tulail3 1-27	I gitteck	M. R. Etchison	& Son, Frede	erick,	Maryland

DECENSED.

1955 I 1955

BUREAU V. &

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OR WRITE PLAINLY, WITH UNFADING INK.

PLEASE TYPE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6634

CERTIFICATE OF DEATH

Reg. Dist. No. 131

			9	
1. PLACE OF DEATH:		2. USUAL RESIDE	NCE (HOME) OF DECE	ASED:
COUNTY Frederick MARYL	AND	STATE Maryland county Frederick		
CITY (If outside corporate limits, write RURAL LENG		OR OR	orporate limits, write RUR	AL and give nearest town)
* Frederick-Rural R.F.D.#2 Li:	fe		rick-Rural R. F	
HOSPITAL OR INSTITUTION OR STREET ADDRESS PARK Mills Rd. (Near Un	rbana)	STREET ADDRESS Pa	off rural give locater wills Rd. (Ne	
3. NAME OF (First) (Middle)		(Last)	4. DATE (Month)	(Day) (Year)
DECEASED: (Type or Print) EFFIE ELLEN		ENHART	OF July	4, 1955
5. SEX: 6. COLOR OR 7. SHIELE, MARRIED. WIDOWED, DIVORCE (Specify): Widow	D.	of BIRTH: 9	76 yrs. Months	
work done during most of working life, even If retireHousework Own Home	BUSINESS TRY:		tate or foreign country):	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:		14. MOTHER'S MA	IDEN NAME:	
James E. White		Mary E.	Perrell	
IS. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SE	CURITY NO.	17. INFORMANT &		
(Yes, no, or unk.) (If Yes, give war or dates of service) None		Claude O. Le	nhart, Frederick	R. F. D. #2, Md
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		o Salara	140	Synot
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS O	F OPERATION	N		20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ome, farm, fact eet, office bldg.,	tory, 21c. WHERE D. INJURY OCCUR		County) (State)
OF INDIRY While	Not while at work	21F. HOW DID IN	IJURY OCCUR?	
22. I hereby certify that I attended the deceased alive on SIGNATURE 4, 1955, and that death	occurred at	6:15PM, from the ADDRESS	/	
		et Cemetery	Frederick, M	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 95-5-Elizabeth	ech	M. R. Etchis	RECTOR on & Son, Freder	ick, Maryland



BUREAU V. S.

(Year)

(STATE)

19 50

6642

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS Reg. Dist. No.... I. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY STATE COUNTY MD COUNTY (Il outside corporate limits, write RURAL and give nearest town) MARYLAND CITY (If outside corporate limits, write RURAL and OR give nearest town) Wrederick (in this place) TOWN Mountaindale INSTITUTION OR STREET (If rural, give location) ADDRESS Frederick Mem. Hespital STREET ADDRESS 3. NAME OF (Middle) 4. DATE (Last) (Month) (Day) DECEASED SARAH MARSHALT (Type or Print) DEATH 5. SEX Female White 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 8. DATE OF BIRTH 9. AGE last birthday If under I fear | If under 24 hrs. Months | Days | Hours | Min. Dec 31.1875 (Specify) 10b. KIND OF BOSINESS OR | 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT done during most of working life, even if retired) COUNTED? S . A Own home 13. FATHER'S NAME Laura V. Ambrese 15. WAS DECRASED EVER IN U.S. ARMED FORCES? Mayfigrant And Appress 1 Thurmont RD. Md 16. SOCIAL SECURITY No. (Yes, no, or unknown) | (If yes, give war or dates of MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH re clevin Antecedent cause(s) Diseases or conditions, If any, (b). giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) PRIMARY OR CONTRIBUTING CAUSE OF BEATH. office hidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) HOW DID INJURY OCCUR? INJURY OCCURRED While at Not while INJURY at work work 22. I certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes A accident , suicide , homicide , undetermined . SIGNATURE DATE SIGNED (Degree or title) DATE THEREOF NAME OF CEMETERY OR CREMATORY 23. BURIAL, CREMATION LOCATION (City, town, or gounty) REMOVAL (Specify) July 18, 1955 Lewistown L. Creager & Sen Thurment

of information carefully death clearly and legibly. ly every item the causes of o Suppl INK. please

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Physicians: 1

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BUREAU V. S.

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CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH . USUAL RESIDENCE (HOME) OF DECEASED: COUNTY I redly COUNTY legibly MARYLAND CITY (If outside corporate limits, write RURAL| LENGTH OF STAY (If outside corporate limits, write RURAL and give nearest town) QR and give nearest town) o (in this place) Frederick and HOSPITAL OR (If rural give location) STREET INSTITUTION OR ADDRESS STREET ADDRESS 354 clearly 3. NAME OF 4. DATE (Day) (Year) (Middle) (Last) (Month) DECEASED: OF 1955 FRANKLIN (Type or Print) DEATH: death 8. DATE OF BIRTH: COLOR OR 7. SINGLE, MARRIED 9. AGE last birthday: if UNDER 1 YEAR IF UNDER 24 HRS WIDOWED, BIMORCED Hours Days Months 5-10-1880 (Specify): married 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION Give kind of BIRTHPLACE (State or foreign country): COUNTRY? work done during most of working life, INDUSTRY: even if retired): Pabinet maker u. S.a. Humber yard maryland causes 14. MOTHER'S MAIDEN NAME: IS. FATHER'S NAME . 15 WAS DECRASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO.: | 17. INFORMANT (Yes, no, or unk.) (If Yes, give war or dates of write service) no MEDICAL CERTIFICATION Interval Between I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onset And Death 330 X Immediate cause (a) DUE TO Antecedent causes (s) Physicians: Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last. DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. portant. 20. AUTOPSY 19a. DATE OF OPERATION: 1 19b. MAJOR FINDINGS OF OPERATION Yes No (STATE) 21. ACCIDENT (CITY OR TOWN) (COUNTY) (Specify) PLACE (Home, farm, factory, street, imi SUICIDE OF office bldg., etc.) IIOMICIDE INJURY TIME (Month) (Day) (Year) especially (Hour) INJURY OCCURED HOW DID INJURY OCCUR? While at Not While INJURY Work [At Work 1955, to Jacks 4 1955, that I last saw the deceased 22. I hereby certify that I attended the deceased from ..., from the causes and on the date stated above, alive on 1955, and that death occurred at DATE SIGNED 203 SIGNATORE (Degree or title) ADDRESS (State) LOCATION (City, town, or county) NAME REMOVAL (Specify) DATE REC'D BY LOCAL

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carefully.

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

06674

Reg. Dist. No. 131

I. PLACE OF DEATH- COUNTY FREECOSCH MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STA OR give nearest town of Frederick DOA place)	Y OR Halles (If outside corporate limits, write RURAL and give nearest town) OR Halles (3 X - 2)
HOSPITAL OR GINSTITUTION OR STREET ADDRESS Fu ed. Mem. Hosp	STREET ADDRESS Woodburn ()
3. NAME OF (First) (Middle) DECEASED (Type or Print)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH CLUCY # 1953
5. SEX 6. COLOR OR RACE 7. STNOBE, MARRIED, WHOWED, DIVORCED, (Specify)	8. BATE OF BIRTH 9. AGE last birthday Monder I year If under 24 hrs. Alle. 28. 1925 2 9 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business of done during most of working life, even if retired) INDUSTRY	Med GUNTAY!
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IV U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of lervice)	The Lovey Mulling, Wooling
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH -	CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
823 Immediate cause (a) Crushing h	yury to left chest In.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Jankaje '
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes \(\text{No } \text{T} \)
21. EXTERNAL CAUSE WAS PRIMARY SOR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while work at work	HOW DID INJURY OCCUR?
22. Thertify that I took charge of the remains described above, held a obtained by said Autopsy, Inspection or Inquiry, find that said defrom: natural causes [] accident suicide [], homicide []	n Autopsy , Inspection , Inquiry thereon and from the evidence eceased died on the day stated above, and death in my opinion resulted
SIGNATURE) (Degree or title)	ADDRESS DATE SIGNED
23. BURIAL, CREMATION DATE THEREOF NAME OF CEME	TERY OR CREMATORY LOCATION (City, town, or county) (State)
RUMOVAL (Specify) A / 2 10-5 / 5 A	mel Censetery montgomery Co. md.
7 Very 1955 Elizabeth S. Heck.	C. m. Welty Jr. Winfield, md.

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BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information car

MARGIN RESERVED FOR BINDING

VS.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED):
COUNTY Frederick MARYLAND	STATE Maryland COUNTY Frede	erick
OR and give nearest town) X TOWN Braddock Heights Week	or Frederick-Rural # R.	nd give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vindabona Convalscent Home	STREET (If rural give location) ADDRESS Near Frederick	1
3. NAME OF (First) (Middle) DECEASED: (Type or Print) LAURA REBECCA CATHERINE	OF	Oay) (Year)
5. SEX: 6. COLOR OR 7. SHISLE, MARRIED, WIDOWED, DIVORSED; (Specify): Married March	Months De	EAR IF UNDER 24 HRS. Rys Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retirflousework Home	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Claude Dutrow	Ida Beck	
18. WAS DECEASED EVER IN U.S. ARMED FORCEST (Yes, no, or unk.) (If Yes, give war or dates of service) NO None	SharrettsE. Oland, Frederick, R.	.F.D.#6,Md.
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TON	INTERVAL BETWEEN
IMMEDIATE CAUSE (A) Carama DUE TO	ema of OB ladder	& morth
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	rekisin	1 wal
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSYT
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (if either, notify medical examiner)	tory. 21c. WHERE DID (City or town) (Count, etc. INJURY OCCUR?	y) (State)
OF INJURY OF INJURY	2 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from manual alive on	3:05A M, from the causes and on the date s	stated above.
23. BURIAL, ONEMATION. DATE THEREOF NAME OF CEMETIC Burial July 22, 1955 Mount Olive	ERY OR CREMATORY LOCATION (City, town, or	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 23 14 19 5 6 - Elizabeth S. Herb.	M. R. Etchison & Son, Frederic	ck, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Ē	6645 CERTIFIC	CATE OF DEATH Reg. D	ist. No. 131	
care y	1. PLACE OF DEATH: COUNTY Frederick MARYLANI		rederick	
	11 Frederick	s place) OR TOWN Walkersville	×	
Supply every item of information ite the causes of death clearly and	HOSPITAL OR INSTITUTION OR STREET ADDRESS Fred Memorial Hosp	STREET (If rural give location ADDRESS	on)	
	S. NAME OF DECEASED: (Type or Print) S. NAME OF (Middle) Output Output	Poole & DATE (Month) OF DEATH: July	(Day) (Year) 30 1955	
	M RACE: WIDOWED. B. (Specify) Marked	Nee, 8 1909 45 yrs.	Days Hours Min.	
	Work done during most of working life, even if retired): " Machinest State Park State Willey Bases	kery New York	2. CITIZEN OF WHAT COUNTRY? USA	
Supply te the c	John Oliver Poole	14. MOTHER'S MAIDEN NAME: Cla Plesabethe Mushau IT, INFORMANE & ADDRESS:	w	
G INK. S	(Yes, no) or unk.) (If Yes, give war or dates of service) 215-10-2	533 Mrs. John O. Poole, Tinker	sville, ml.	
G lea	18. MEDICAL CE	ERTIFICATION /	INTERVAL BETWEEN	
'ADING	IMMEDIATE CAUSE (A) A CA	ite myelod leuhania	3 months	
WITH UNFA	ANTECEDENT CAUSE (S)			
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO			
	(C)			
AINLY, Wimportant.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
3	19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF C	PERATION	20. AUTOPSY?	
TYPE OR WRIPE rect age is especial	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, (IF EITHER, NOTIFY MEDICAL EXAMINER)	farm, factory, office bldg., etc. 21C. WHERE DID (City or town) (Coffice bldg., etc. INJURY OCCUR?	ounty) (State)	
	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work			
	22. I hereby certify that I attended the deceased from 1 9 to 30 july , 1955, that I last saw the deceased			
	alive on 30 July, 1955 and that death occ	curred at 6 A M, from the causes and on the da		
EASE	23. BURIAL, GREMATION, DATE THEREOF NAME CO	F CEMETERY OR GREMATORY LOCATION (City town	1	
PLE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS MG	

VS. A15-10-53

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(State)

CITY (If outside corporate limits, write RURAL LENGTH OF STA

STREET ADDRESS Frederick Memorial Hospital

(First)

BRICE

COLOR OR

RACE:

work done during most of working life, even if retired): Farmer

White

10a. USUAL OCCUPATION Give kind of

1. PLACE OF DEATH:

HOSPITAL OR INSTITUTION OR

3. NAME OF

5. SEX:

Male

DECEASED:

(Type or Print)

13. FATHER'S NAME:

Brice Runkles

COUNTY Frederick

OR and give nearest town)

Frederick

(Middle)

10b. KIND OF BUSINESS (INDUSTRY:

Farm Owner

L.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

(Yes, no, or unk.) (If Yes, give war or dates of service) None Mrs. Zelma N. Runkles, RD., 18. MEDICAL CERTIFICATION 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH LONG X Immediate cause (a) DUE TO Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Conditions contributing to the death but not related to the disease or condition causing death. (c) Provious Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION Mrs. Zelma N. Runkles, RD., None Mrs. Zelma N. Runkles, RD., None 18. MEDICAL CERTIFICATION 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH (a) DUE TO Provious Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS:	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH C	, Mount Airy, Md	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH C	Interval I	
DE AND STATES OF CONDITIONS (c) Provious - being hyportics (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	Onset And	
DE AND STATES OF CONDITIONS (c) Provious - being hyportics (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	1 week	
stating the underlying cause last. (c) Provious being hypotics (d) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	6 mins	
	she /year	
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	1/mins	
B 1	20. AUTO	
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OFF office bldg., etc.) (CITY OR TOWN) (COUNT OFF OFFICE BLDGE, etc.)	NTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While At Work 22. I hereby certify that I attended the deceased from 1955, to 155, to 155		
22. I hereby certify that I attended the deceased from 1950, to 15 July 1955, to	that I last saw the dec	
alive on 2 July 1955, and that death occurred at 10 July 1955, from the causes and on SIGNATURE (Degree or title) ADDRESS AND 4 W 3 14 UT	on the date stated above	
	7-3-55	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, Prospect Cemetery Frederick C	y, town, or county) (Star County Maryland	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 3 REGISTRA'S SIGNATURE C. M. Waltz, Winfield, Ma	ADDRESS	

	1008. 27.50	2.40	
	2. USUAL RESIDENCE (HOME) OF DECEASED:	H I L L L L L L L L	
MARYLAND	STATE Maryland COUL	DUNTY Carroll	
LENGTH OF STA		and give nearest town	
Since 6/28/	55 Mount Airy-Rural	06x-2	
	STREET (If rural give location	1)	
l Hospital	Near Mount Airy	/	
	UNHAES 4. DATE (Month) (Da OF DEATH: July 2,	1955	
VORCED-	en 1882 9. AGE last birthday: If under 1 months D		
USTRY:		CITIZEN OF WHA COUNTRY? USA	
rm Owner	Maryland 1	USA	
	Mary Ellen Wilhelm		
AL SECURITY No.:	17. INFORMANT & ADDRESS:		
		Aims Md	
	Mrs. Zelma N. Runkles, RD., Mount	Ally, Mu.	
DICAL CERTIFICA NG TO DEATH	TION	Interval Betwee	
		Onset And Dea	
W	min	1 week	
Neph	usilensis	6 minths	
	tism-benige hypotenthy	/year	
	0 .0		
hugen	This Ment Failure	1 / munth	
GS OF OPERATION	N	20. AUTOPSY	
4	eet.] (CITY OR TOWN) (COUNTY) (Yes No No No	
, farm, factory, stre bldg., etc.)	eet, (CIII OR IOWN) (COUNTI)	SIAID)	
Y OCCURED t Not While At Work	HOW DID INJURY OCCUR?		
sed from 195	19.55, to 2 July , 19.55, that I last	saw the decease	
ath occurred at	from the causes and on the date	stated above.	
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Supply every item of information care

CERTIFICATE OF DEATH

Reg. Dist. No. 131

M. R. Etchison & Son, Frederick, Maryland

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	D:	
county Frederick MARYLAND	STATE Maryland COUNTY Frederick		
(If outside corporate limits, write RURAL and give nearest town) TOWN Adamstown Life	or Town Adamstown		
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS	1	
DECEASED: TOTAL CO	ADTER OF THE	Ony) (Year) 11, 1955	
(Type or Print) JOHN FENTON SC 5. SEX: 6. COLOR OR 7. RACE: WHOWED, DIVORCED. 8. DATE WHOWED, DIVORCED. (Specify): Married August	OF BIRTH: 9. AGE last birthday IF UNDER I Y Months D		
NOA. USUAL OCCUPATION (Give kind of work done during most of working life. even if retiredreman Painter	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
John F. Scarff Sr.	Grace Irene Rager		
IS. WAR DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS:		
(Yes, no, or unk.) (If Yes, give wer or dates of service) No 578-09-3521	Mrs. Helen P. Scarff, Adamstown	, Maryland	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH (MMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	any arting disease	2 years	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?	
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ctory, 21c. WHERE DID (City or town) (Count, etc. INJURY OCCUR?	y) (State)	
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While While Not while at work at work	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from alive on	10:45 M, from the causes and on the date	stated above.	
	ERY OR CREMATORY LOCATION (City, town, or et Cemetery Frederick, Ma	county) (State	
	24. FUNERAL DIRECTOR	ADDRESS	

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SIGNATURE

BURIAL, CREMATION,

DATE REC'D BY LOCAL

1953

REMOVAL (Specify) Burial

INJURY

TIME (Month) (Day) (Year)

(Hour)

DATE THEREOF

July 29, 1955 I

22. I hereby certify that I attended the deceased from

INJURY OCCURED

Not While

At Work

NAME OF CEMETER

While at

Work [

So, and that death occurred at

HOW DID INJURY OCCUR?

ADDRESS

.19.5.3. to

24. FUNERAL DIRECTOR

Mount Olivet Cemetery

2.7., 19.5.5, that I last saw the deceased

Frederick Maryland

Maryland

ADDRESS

A.M. from the causes and on the date stated above.

Frederick.

C. E. Cline & Son - 8 East Patrick Street

LOCATION (City, town, or county)

JUL 29 1955

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06682

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UUUU CERTIFICATI	E OF DEATH Reg. Dist. No. 272
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Frederick MARYLAND	STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick LENGTH OF STAY (in this place) Since 1912	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 217 East Patrick Street	STREET (If rural give location) ADDRESS 217 East Patrick Street
3. NAME OF (First) (Middle) DECEASED: (Type or Print) WILLIAM HAROLD SC	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: July 3, 1955
RACE: WIDOWED DIVERS	9. AGE last birthday IF UNDER 1 YEAR 1 F UNDER 24 HRS. 9 1900 54 yrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): Foreman Railroad Company	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? Maryland USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Ulysses G. Scott, Sr.	Alice Miles
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes. No. or unk.) (If Yes, give war or dates of service) 705-05-553	Mrs. Madeline C. Scott, Frederick, Md.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	DN 20. AUTOPSY? YES NO M
21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ctory. 21c. WHERE DID (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work at work	D 21F. HOW DID INJURY OCCUR?
alive on	10., 1955, to Life 3, 1955, that I last saw the deceased to 7:45A M, from the duses and on the date stated above. ADDRESS Maryland 5 July 1955
Burial (SPECIFY) DATE THEREOF NAME OF CEMET Burial Mount Olivet	TERY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 5 9 14 1955 Elizabeth Starks	M. R. Etchison & Son, Frederick, Maryland

DECENAED

105 6 1955

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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DATE REC'D BY LOCAL REGISTRAR

Thurmont

6687 CERTIFICATE	E OF DEATH Reg. Dist.	No. /44
1. PLACE OF DEATH: Frederick COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED Maryland Free	derick
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR AND TOWN RUPAL LENGTH OF STAY LOWN TOWN	CITYIIf outside corporate limits, write RURAL ar	nd give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	ADDRESS Near Thurmont	/
3. NAME OF DECEASED: (Middle) Seil (Middle) Seil	death:	9) I95) 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE MARRIED, ADTIL	yrs.	Hours Min.
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life, even if retired):	11. BIRTHPLACE (State or foreign country): 12. (Pennsylvania	OUNTRYUS . A.
13. FATHER'S NAME: George Seipler	14. Mother's Maiden NAMELLER	
(Yes, NO or unk.) (If Yes, give war or dates of service)	Mrs. Charles Carty Th	urmont RdI
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 422.1 IMMEDIATE CAUSE (A)	nang Edem	INTERVAL BETWEEN ONSET AND DEATH 3 lws.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Chronic Due TO	- myscarditis	7
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	sclerosis	2
DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY? YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)		(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While While at work at work	21F. HOW DID INJURY OCCUR?	La the
SIGNATURE JM. Fra Coli Bril	11:VSP. M, from the causes and on the date s ADDRESS DAT	tated above. E.SIGNED 30 /9-
BUTE 121 (SPECIFY) Aug. I 55 Blue Rid	ery or crematory Location (City, town, of lige Cemetery Thurmont	Md . (State)

M.L. Creager & Son

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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	0038 CERTIFICATI	E OF DEATH Reg. Dist.	No. 131
ly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	:
legibl	COUNTY Frederick MARYLAND	STATE Pord. COUNTY Fre	derick
	(If outside corporate limits, write RURAL COR and give nearest town) TOWN Corporate limits, write RURAL (in this place) (in this place)	Ctariff outside corporate limits, write RURAL as OR TOWN	nd give nearest town)
clearly and	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS	7
death cl		(Last) A. DATE (Month) OF DEATH: 7 Shafer	(Year) 19 5 5
of		OF BIRTH: 9. AGE last birthday IF UNDER I VI	Hours Min.
causes	work done during most of working life, every if retired):	Maryland	COUNTRY?
te the	George P. Hiles	Frances Babing	ton
se write	15. WAS DECLASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	Joseph Shafer, Middle	town, mo
s: please	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 1	on Thrombris ank.	INTERVAL BETWEEN
Physicians:	ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY. (B)	iselesosis, advanced,	?
	STATING UNDERLYING CAUSE LAST. (C)	red.	
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	8	
	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY? YES NO
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	, etc. INJURY OCCUR?	(State)
is est	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work		
correct age	alive on 1953, and that death occurred at SIGNATURE C.	10:30 M, from the causes and on the date s Appless DAT D. Mildlown, Pd.	
00	23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETI REMOVAE (SPECIFY) 7-11-1955 Lucher		county) (State)

VS. A15

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARGIN RESERVED FOR BINDING



6689	CERTIFICA	TE OF DEA!	TH Rea	g. Dist. No. 131
1. PLACE OF DEATH:		2. USUAL RESID	ENCE (HOME) OF DE	CEASED:
COUNTY Frederick	MARYLAND	STATE M	d. COUNTY	Frederick
OR and give negrest town) TOWN	RURAL LENGTH OF S' (in this place		Corporate limits, write R	URAL and give nearest tow
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	(If rural give	location)
3. NAME OF (First) DECEASED: (Type or Print)	(Middle)	Shafer	4. DATE (Month	
S. SEX: 6. COLOR OR 7. SINGLE RACE: WIDOW (Specify	E, MARRIED, 8. D.		9. AGE last birthday Mo	UNDER 1 YEAR IF UNDER 24 HR onths Days Hours Mir
	OB. KIND OF BUSINES	S II. BIRTHPLACE	(State or foreign country): 12. CITIZEN OF WHA
S. WAS DECEASED EVER IN U.S. RMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		mrs. Eliz	abeth Sh	Le Burkots
IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(A) (A) dis	Renal Vosc	edar diseo	24.
II OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELATED TO				
DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION: 19B. MAJOI	DEATH R FINDINGS OF OPERA	TION		20. AUTOPSY
ZIA. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH	218. PLACE (Home, farm, DF INJURY street, office b	factory, 21c. WHERE E	OID (City or town)	(County) (State)
DE INJURY M. (Day) (Year) (Hour)	While Not while at work		NJURY OCCUR?	
22. I hereby sertify that I attended to alive on SIGNATURE 1955, are		Allera 1	3 " "	e date stated above. DATE SIGNED 7-7-5-5-5-6
23. BURIAL, CREMATION, DATE THERE	0 -1	METERY OR CREMATORY	LOCATION (City,	

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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OR WRITE PLAINLY, WITH UNFADING INK.

6690	CERTIFICA	TE OF DEAT	CH Reg. I	Dist. No. 151
1. PLACE OF DEATH:		2. USUAL RESIDE	NCE (HOME) OF DECE	
COUNTY Frederick	MARYLAND	STATE Maryl	and COUNTY Fre	ederick
(If outside corporate limits, write R and give nearest town) **Town Frederick-Rural RD#	(in this place)	08	erick-Rural RD#5	AL and give nearest town
HOSPITAL OR INSTITUTION OR STREET ADDRESS ROCKY Spring		STREET ADDRESS R	ocky Springs	tion)
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED: (Type or Print) LESTER	EZRA	SHAFER	OF DEATH: JI	11y 4, 1955
	D BIVORCED	Dec 1889	65 yrs. Months	
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired Retired Farmer	or industry: Farm Owner	Maryland	State or foreign country):	12. CITIZEN OF WHA COUNTRY? USA
13. FATHER'S NAME:		14. MOTHER'S MA	IDEN NAME:	
George C. Shafer		Laura Toms		
15. WAS DECEASED EVER IN U.S. ARMED FORCES! (Yes, no, or unk.) (If Yes, give war or dates of service)	None		ADDRESS: Shafer, RD#5,	Frederick, Md.
I DISEASES OR CONDITIONS DIRECTLY	IS. MEDICAL CERTIFICATION IN THE SECOND TO DEATH	CATION		INTERVAL BETWEE
1120.0	.O. A.	0 1 1		- 1
IMMEDIATE CAUSE	(A) Cerella	x viener ag	2	saujo
ANTECEDENT CAUSE (S)	DUE TO	. 7 . 9	A. last Accom	110
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE	OUE TO	were arrented the	The man bull	e grain
STATING UNDERLYING CAUSE LAST.	(C)			
II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO	NTRIBUTING	Unit Territory	× 65 10 10 10 10 10 10 10 10 10 10 10 10 10	
DISEASE OR CONDITION CAUSING DI	FINDINGS OF OPERA	TION		
194. DATE OF OPERATION: 198. MAJOR	FINDINGS OF OPERA	TION		YES NO
21A. ACCIDENT WAS UNDERLYING 21 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	B. PLACE (Home, farm, FINJURY street, office b	factory, 21c. WHERE E		County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	While Not while at work at work			
22. I hereby certify that I attended th	e deceased from6	/29 , 1953, to	7/4 , 1953, that I	last saw the decease
alive on 7/2, 1953, and	that death occurred	ADDRESS	3	DATE SIGNED
James 10. 1 Lane	an,	M. D. Frederick,	Maryland 5	July 1955
23. BURIAL, CREMATION. DATE THEREC REMOVAL (SPECIFY) 7 July 19			Frederick, Ma	
DATE REC'D BY LOCAL REGISTRAR'S	S SIGNATURE	M. R. Etchis	RECTOR Son & Son, Frede	rick, Maryland

A15 VS.

PLEASE TYPE

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A15 VS.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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6591 CERTIFICAT	TE OF DEATH Reg. Dist. No. 1.3.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
(If outside corporate limits, write RURAL OR and give nearest town) TOWN Middletawn MARYLAND LENGTH OF STA (in this place)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) /
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Charles E.	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: 7 4 195
5. SEX: 6. COLOR OR 7. STROLE, MARRIED, RACE: WIDOWED, DIVORCED, (Specify): 1-3	TE OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR Hours Hours
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF W. COUNTRY
13. FATHER'S NAME:	Laura Poutrahn
(Yes, no, or unk.) (If Yes, give war or dates of service)	C. Glen Stine middletown
18. MEDICAL CERTIFIC	ATION INTERVAL BET
199.1 IMMEDIATE CAUSE (A) GENERAL	Carcinomatoris (abdomis) ? 12
ANTECEDENT CAUSE (S)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FMDINGS OF OPERAT	ION 20. AUTOPS
march'ss (creinoma	YES NO
21a. ACCIDENT WAS UNDERLYING C1b. PLACE (Home, farm, for contributing Cause of Death (IF either, notify medical examiner)	
ZID. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURR While Not while at work at work	RED 21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	, 1955, to July of , 1953, that I last saw the dece
alive on July 3, 1955, and that death occurred	at 7. M, from the causes and on the date stated above. ADDRESS DATE SIGNED
REMOVAL (SPECIFY)	ETERY OR GREMATORY LOCATION (City, town, or county)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	24 FUNERAL PIRECTOR ADDRESS
July 1100 1 Chyaluch & Clark.	Alanue G. Marienon 11

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BUREAU V. S.

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PLAINLY, WITH UNFADING INK.

OR

PLEASE TYPE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06688

6692 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick MARYLAND	STATE Maryland COUNTY Frederick			
(If outside corporate limits, write RURAL Corporate limits, write RURAL (in this place) X TOWN Walkersville Years	oR TOWN Walkersville			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pennsylvania Avenue	STREET (If rural give location) ADDRESS Pennsylvania Avenue			
3. NAME OF (First) (Middle) DECEASED: (Type or Print) CLAUDE WILLIAM STULL	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: July 12, 1955			
BACE: WILDOWED DIME	c 1900 S4 yrs. Months Days Hours Min.			
work done during most of working life. OR INDUSTRY: even if retired): Salesman Watkins Products	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
Thomas M. Stull	Minnie Smith			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS:			
(Yes, no, or unk.) (If Yes, give war or dates of service) 214-10-2984	Mrs. Margaret W. Stull, Walkersville, Md.			
IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION: 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor)	Lestic CVD Les mellitur Les mellitur Les glanerulas replietts 20. AUTOPSY? YES NO DE Rectory, 21c. WHERE DID (City or town) (County) (State)			
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Street, office bldg. 21E INJURY OCCURRE While St work at work	c., etc. INJURY OCCUR?			
22. I hereby certify that I attended the deceased from I alive on 1955, and that death occurred at SIGNATURE 23. BUR(AL, CREMATION, DATE THEREOF NAME OF CEMENT PURITIES Na	t 4:30A M, from the causes and on the date stated above. ADDRESS M. D. TERY OR CREMATORY LOCATION (City, town, or county) TERY OR CREMATORY Frederick, Maryland 24. FUNERAL DIRECTOR The biscon of Son, Frederick, Maryland			
14 July 1955 - Elizabete is. Heck.	M. R. Etchison & Son, Frederick, Maryland			

1901 ST 1905

BECEINED

6651	CERTIFICATI	E OF DEAT	H Reg. D	ist. No.
1. PLACE OF DEATH:		2. USUAL RESIDEN	CE (HOME) OF DECEA	
1. PLACE OF DEATH: COUNTY Frederick CITY (If outside corporate limits, write	MARYLAND	STATE Marylan	nd county Fre	derick
CITY (If outside corporate limits, write and give nearest town) Frederick	Since 2/21/4	OR TOWN Adams	porate limits, write RURA	L and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home for the	ne Aged	STREET ADDRESS	(If rural give locati	on)
HOSPITAL OR INSTITUTION OR STREET ADDRESS HOME for th 3. NAME OF (First) DECEASED: (Type or Print) CORA 5. SEX: 6. COLOR OR 7. SINGI		(Last) OMAS	4. DATE (Month) OF DEATH: JU	(Day) (Year) ly 3, 1955
Female White (Speci	fy): Single 30 Sep	t 1869	AGE last birthday IF UNDE Months	Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-work	Own Home	Maryland	ate or foreign country):	2. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME:		14. MOTHER'S MAIL		
Daniel Peter Thomas			pecca Remsburg	
Daniel Peter Inomas 15. Was Deceased Ever in U.S. Armed Force: (Yes, no, or unk.) (If Yes, give war or date of service)	None	Home for the		
I DISEASES OR CONDITIONS DIRECTI			urdi	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSE (S)	DUE TO	seleratie h		0
IMMEDIATE CAUSE ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO	1 8 2	,	
THE SHOULD SAN THE SOURCE OF THE SAN T	(C)			
II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED 1 DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION: 19B. MAJO	TO THE			
	OR FINDINGS OF OPERATIO	N		20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour OF IN ILINY)	218. PLACE (Home, farm, fac OF INJURY street, office bldg.	tory, 21c. WHERE DIE , etc. INJURY OCCUR?	(City or town)	ounty) (State)
21D. TIME (Month) (Day) (Year) (Hour OF INJURY M.	O 21E INJURY OCCURRED While Not while at work at work	2 21F. HOW DID IN.	IURY OCCUR?	
22. I hereby certify that I attended alive on 1. July 1955, a signature of the control of the co	and that death occurred at	10 P. M, from the ADDRESS T. D. Frederick,	causes and on the da	te stated above. DATE SIGNED July 1955
23. BURIAL, CREMATION, DATE THE REMOVAL (SPECIFY) 6 July		ery or crematory netery	Church Hill-Fr	
DATE REC'D BY LOCAL REGISTRA	R'S SIGNATURE	24. FUNERAL DIR	ECTOR	ADDRESS

M. R. Etchison & Son, Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR

1955

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BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6693	CERTIFICA	ATE OF DEATH	H Reg. I	Dist. No. 131
1. PLACE OF DEATH:		2. USUAL RESIDENCE	(HOME) OF DECEASED):
anning Fard	- /	572	1 1	
COUNTY CALL	MARYLAND			OUNTY
OR and give nearest town	limits, write RURAL LENGTH OF (in this plant)		Lineoro	3V01_4
HOSPITAL OR INSTITUTION OR STREET ADDRESS	dobana Em No	STREET	(1f rural give loca	.tion)
3. NAME OF DECEASED: (Type or Print)	(Middle)	Time	OF \. ()	(Day) (Year) 2 4 19 557
5. SEX: S. COLOR OR RACE;		DATE OF BIRTH: 9. AG	E last birthdy: IF UNDER	R 1 YEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATIONGive work done during most of wo even if retired):	kind of 10b. KIND OF BUSINE	SS OR 11. BIRTHPLACE (State	e or foreign country):	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	Su. 0.	14. MOTHER'S MAIDEN I	NAME:	0
15 Was DECEASED EVER IN U.S.AR Yes, no, or unk.) (If Yes, give we service)	RMED FORCES? 16. SOCIAL SECURITY NO ar or dates of	17 INFORMANT & ADDRESS	Weinberg	>
	18. MEDICAL CERTIF	ICATION	N	Interval Between
1. DISEASES OR CONDITION	S DIRECTLY LEADING TO DEATH			Onset And Deat
Immediate cause	(a) Acute	1294 Side Lacut fail	love E polmonage	down 1hr
immediate cause	DUE TO			
Antecedent causes (s) Diseases or conditions, if a giving rise to the above ca stating the underlying cause	use	ive cardio vascula	v J. Feen	1 year plus
	(c)			
 OTHER SIGNIFICANT CON Conditions contributing to the related to the disease or cond 		throm bosis with migh	theme place a	5 1/2 Mos
9a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERA			20. AUTOPSY ?
U				Yes No No
1. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, OF office bldg., etc.)	street, (CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year OF INJURY	r) (Hour) INJURY OCCURED While at Not While work At Work		CUR?	
22. I hereby certify that I:	attended the deceased from	auch 1955, to dyly 7	Y, 1955., that I l	ast saw the deceased
	.S.T., and that death occurred (Degree or title)		causes and on the da	
In & Schoo	luan M. D.	228 M Marker	So Frederica	7/24/55
REMOVAL (Specify)	ATE THEREOF NAME OF CE		OCATION (City, town, o	or county) (State)
DATE REC'D BY LOCALI A				
REGISTRAR	EGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	Por Feel.	DODRESS

VS. A15

This of west Jude if Best le mil AB-coldere by Jage Is S' 112.0finde white warmy Mrs. 1 1577 78 Maylerd Joims hooling could stood The . Van Windows

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e e	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	" (m) I				
y. The	6694 CERTIFICATE OF DEATH Reg. Dist.	No. 131				
careful.	1. PLACE OF DEATH: COUNTY Frederick MARYLAND STATE Med COUNTY Fled	erech.				
information can clearly and le	CITY (If outside corporate limits, write RURAL of and give nearest town) HOSPITAL OR INSTITUTION OR STREET ADDRESS LENGTH OF STAY (in this place) 2 470 / STREET ADDRESS CHARLE GURAL - Utility of the component of the compone	nd give nearest town)				
	DECEASED: (Type or Print) ISABELLE WACHTER DEATH: July	Day) (Year) 27 1955				
it of	(Specify): Married /5 yrs.	ays Hours Min.				
NG r every causes	even if retired): Housewife - Maryland	CITIZEN OF WHAT COUNTRY?				
BINDIN Supply ite the c	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Rebecale Baker					
Wr.	15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) W	R.Y.105,				
est	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH				
MARGIN RESERVED Y, WITH UNFADING tant. Physicians: ple	ANTECEDENT CAUSE (S)	10 days				
IN RESI	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) SELECTIVE OF CONDITIONS, IF ANY, DUE TO	years.				
WI WI	(C)					
OR WRITE PLAINL:	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?				
	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory. OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?					
	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work at work					
	22. I hereby certify that I attended the deceased from 1, 1951, to 1, 1951, that I last alive op 1, 1955, and that death occurred at // 50 M, from the causes and on the date of 1, 1955, and that death occurred at // 50 M, from the causes and on the date of 1, 1955, and that death occurred at // 50 M, from the causes and on the date of 1, 1955, and that death occurred at // 50 M, from the causes and on the date of 1, 1955, and that death occurred at // 50 M, from the causes and on the date of 1, 1955, and that death occurred at // 50 M, from the causes and on the date of 1, 1955, and that death occurred at // 50 M, from the causes and on the date of 1, 1955, and that death occurred at // 50 M, from the causes and on the date of 1, 1955, and that death occurred at // 50 M, from the causes and on the date of 1, 1955, and that death occurred at // 50 M, from the causes and on the date of 1, 1955, and that death occurred at // 50 M, from the causes and on the date of 1, 1955, and that death occurred at // 50 M, from the causes and on the date of 1, 1955, and the causes are occurred at // 50 M, from the causes and on the date of 1, 1955, and the causes are occurred at // 50 M, from the causes are occurred at // 5					
SE TYPE	Robert S. Turner, J. M.D.) E. Cherets Fredered	7-29-17				
PLEASE	23. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or REMOVAL (SPECIFY) 7/30/55 Ulica Lutheram Utica	county) (State)				
PL	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 29. 1965 Employers Lech Y.C. Barton Walkers re	lle, md.				

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M. R. Etchison & Son, Frederick, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dis

			320
Reg.	Dist.	No.	139

CENTIFICAT	Reg. Dist. No+27
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Frederick MARYLAND	STATE Maryland COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cullen LENGTH OF STA' (in this place) 3535 days.	
HOSPITAL OR INSTITUTION OR Victor Cullen State Hospital	STREET (If rural give location) 2932 Edmonston Avenue
3. NAME OF (First) (Middle) DECEASED: (Type or Print) William C.	Walter 4. DATE (Month) (Day) (Year) OF DEATH: July 4 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE RACE: WIDOWED, DIVORCED.	E OF BIRTH: 9. AGE iast birthday 1 F UNDER 1 YEAR Months Days Hours Min.
work done during most of working life, even if retired): Ship rigger Ship Rigger	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? Baltimore, Md. U. S. A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Charles J. Walter	Amanda Poulton
(Yes, no, or unk.) (If Yes, give war or dates of service World War T	Patient
18. MEDICAL CERTIFICA	WILLIAM BEIMEN
	Tuberculosis 11 years.
ANTECEDENT CAUSE (S)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	
0	YES NO
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg (IF EITHER, NOTIFY MEDICAL EXAMINER)	ctory, 21c. WHERE DID (City or town) (County) (State) r., etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work	21F. HOW DID INJURY OCCUR?
alive on July 4, 19.55, and that death occurred a	29, 19.45, to July 4, 19.55, that I last saw the deceased tl:05 M, from the causes and on the date stated above. a.m. ADDRESS DATE SIGNED M.D. Cullen, Md. July 5, 1955
23. BURIAL, CREMATION, DATE/THEREOF NAME OF CEME REMOVAL (SPECIFY) Burial 7-6-55/ Loudon	Park Balto. Md. (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 7/5/55	24. FUNERAL DIRECTOR ADDRESS Wm. Tickner & Sons

VS. A15 — 10 - 53

PLEASE TYPE

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DECENTED

	. Th	6653 CERTIFICATE OF DEA	TH Reg. Dist.	No. 131
	E 5	1. PLACE OF DEATH: 2. USUAL RESID	DENCE (HOME) OF DECEASED	:
	carefully.	COUNTY FREE RICK. MARYLAND STATE Mary	rland county Freder	rick
(CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CITY(If outside	e corporate limits, write RURAL ar	nd give nearest town)
1		OR and give nearest town) TOWN JEST TOWN (in this place) OR TOWN Fre		11
M)	item of information of death clearly and	HOSPITAL OR STREET ADDRESS	(If rural give location) Lincoln Apartments	/
	m of ind death cl	3. NAME OF (First (Middle) (Last) DECEASED: (Type or Print) WARS	OF A.	ay) (Year)
	m dea	5. SEX: 16. COLOR OR 17. SINGLE, MARRIED, 18. DATE OF BIRTH:	9. AGE last birthday IF UNDER 1 YE	2 19 55 EAR IF UNDER 24 HRE.
		Female Colored (Specify): Single July 1,1955	yrs. Months Da	Hours Min.
5	every	work done during most of working life. OR INDUSTRY:		COUNTRY?
Z	6)	Infant MARY AH.		
Z	Supply te the		s ELizobeTH II	10.000
BI	1 (10)	IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT	& ADDRESS: 90 Linco	In Apts.,
OR	Brown	(NY) (X X 3-4	es E. Wars, Frederic	
RESERVED FOR BINDING		No of service) None Mrs. France	S E. Wals, Iledelic	
ED	NG	t DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	10	INTERVAL BETWEEN ONSET AND DEATH
RV	ADING s: plea	754.4 Consulta He	art Besease	15 linus
SE	FA	MMEDIATE CAUSE (A) DUE TO	Ca 19 Cycles C	13 Crowns
2	UNF	ANTECEDENT CAUSE (S)		
MARGIN	WITH UNFA	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		
RC	WI It.	(C)		
MA	AINLY, W important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
	VIL.	DISEASE OR CONDITION CAUSING DEATH.		
(13	19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
1	VRITE PL especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. OF INJURY street, office bldg., etc. INJURY OCCI	DID (City or town) (County UR7	(State)
	>	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID While Not while at work	INJURY OCCUR?	
1	OR e is		Male 1 10 1 1 About I I - A	41 - 1 1
	0.0		,	
57.	0	alive on felt, 2, 1935, and that death occurred at 10 H M, from ADDRE	the causes and on the date s	tated above.
10		Bernard / turnas Je, un Frederica	C. M.C. 91/11.2	1955
	PLEASE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATOR	LOCATION (City, town, or	county) (State)
A15	EA	BUTIAL (SPECIFY) 2 July 1955 FAITVIEW	Frederick -	- M.J.
VS. A	PL	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL		ADDRESS MIN
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CERTIFICATE OF DEATH Reg. Dist. No. 13 6654 1. PLACE OF DEATH. USUAL RESIDENCE (HOME) OF DECEASED: Frederick COUNTFrederick STATE Maryland COUNTY MARYLAND CITY (If outside corporate limits, write RURAL| LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) oR and give nearest town)
Frederick in this place) Rural. Emmitsburg, Md. davs HOSPITAL OR (If rural give location) STREET INSTITUTION OR ADDRESS STREET ADDRESS Frederick City Hospital Emmitsburg, R.D.# 3. NAME OF (Last) 4. DATE (Year) DECEASED: (Type or Print) DEATH: 61/4 19 S. COLOR OR 8. DATE OF BIRTH: 7. SINGLE, MARRIED 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS WIDOWED DIVORCED (Specify): Married May 13, 1905 Male 10a. USUAL OCCUPATION Give kind of work done during most of working life, 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): 112. CITIZEN OF INDUSTRY: U.S.A. even if retired): Grit Mill Driller Emmitsburg, Frederick Co 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Lucy Tressler Edward Wetzel Md. 15 WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of Emmitsburg.R.D3 No 18. MEDICAL CERTIFICATION Interval Between I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onset And Death (lace Immediate cause Antecedent causes (s) Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last. DUE TO Rocky Mountain Spotted Fever II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not Unknown Pneumoconiosis related to the disease or condition causing death. 20. AUTOPSY ? 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION Yes W No 21. ACCIDENT SUICIDE (STATE) (Specify) PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) office bldg., etc.) HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURED HOW DID INJURY OCCUR? Not While INJURY At Work Work [22. I hereby certify that I attended the deceased from Jack, 9,1955, to ... July 23 ..., 1955, that I last saw the deceased alive on July 2), 19 II, and that death occurred at _______, from the causes and on the date stated above.

SIGNATURE DATE SIGNED hear 7/25/15 2 25 Mr Muchat IT NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (Specify) July26,1955 Friends Creek Emmitsburg, R.D.2 Md. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Emmitsburg.

L. Allison

10E S9 1955

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0000 CER	TIFICATE	OF I	DEAT	rH	Reg.	Dist. No	.131	
I. PLACE OF DEATH:	1 2	. USUAL	RESIDEN	CE (HOME) (OF DECEASE	D:		
COUNTY Frederick	MARYLAND	OT ATE	Maryl	and		COUNTY	Freder	iak
CITY (If outside corporate limits, write RURAL! I.	ENGTH OF STAY	CITY (If outside	corporate limit				
OR and give nearest town) Frederick	(in this place) 27 years	OR		erick			11	
HOSPITAL OR	zi years	STREET			rural give loc	ation)	13	
STREET ADDRESS 106 Pennsylvania	Avenue	ADDRES		Pennsyl	vania Av	renue		
3. NAME OF (First) (Midd	lle) (I	Last)		4. DATE	(Month)	(Day)	(Year)	
DECEASED: (Type or Print) ROSALIE DE	A Z	EPP		OF DEATH:	July	30	19 55	
5. SEX: S. COLOR OR 7. SINGLE, MARRI WIDOWED, DUC RACE: White (Specify): Mar	Name of the last o			AGE last bir	yrs. IF UND			4 HRS
10a. USUAL OCCUPATION Give kind of 10b. KIND	OF BUSINESS OR			State or forely	gn country):	12. CITI	ZEN OF	AHW
work done during most of working life, even if retired): Housewife Own	home	Mary	vland			US	NTRY?	
13. FATHER'S NAME:	I.	4. MOTHER	'S MAIDE	N NAME:				
William O. Fish		Mary	Ann Mel	Mahon				
(Yes, no, or unk.) [(If Yes, give war or dates of				Ess: Zepp - F	rederick	r. Mar	rvl and	
	ICAL CERTIFICATION					1	Interval B	a dama
I. DISEASES OR CONDITIONS DIRECTLY LEADING	G TO DEATH	1					Onset And	
Immediate cause (a) Sul		hen	m-h	44.0			7 days	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying eause last. DUE TO	pertenne	card	Liva	senter	diseas	e /	oyn:	<i>†</i>
(c) II. OTHER SIGNIFICANT CONDITIONS						1		
Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION: 19b. MAJOR FINDING	S OF OPERATION					2	O. AUTOF	PSY
							Yes No	0 1
	farm, factory, street,	(CITY O	R TOWN)	(1	COUNTY)	(STAT	ľE)	
TIME (Month) (Day) (Year) (Hour) INJURY OF INJURY m.	OCCURED Not While At Work	HOW DID	INJURY	OCCUR?				
22. I hereby certify that I attended the decease	ed from Dec	.1953 . t	o Jul	19.	f, that I	last sav	v the dece	ease
alive on July 39, 19.55, and that deat	h occurred at 12		//	the causes a		late stat		
Henry V. Chase M. D	45	Chu	rch	It Fre	duch	81	1/5-5	
27. BURIAL CHEMATION, DATE THEREOF	NAME OF CEMETERY			LOCATION	(City, town,	or county	(Stat	(e)
Burial August 2, 1955 DATE REC'D BY LOCAL REGISTRAR'S SIGNATU	Mount Olive	t Cemet	tery	Freder	ick,	A	Maryla	nd
REGISTRAR 9 54 Chi STARS SIGNATURE	11 0			Son - 8	East. Pa	trick	Stree	t.
1					rederich			

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